

Chemist&Druggist

The Newsweekly for Pharmacy

10 November 2001



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HICOLOGIANION THE NUMBER ONE SELLING TREATMENT FOR GINGIVITIS"

Welsh pricing error could cost £1.4m

Medicines management skills boosted

> **Pharmology:** January roll out planned

Using tactful advice to help GI disorders











Soothing relief for sore, stuffy noses Dual-action for rapid relief Gently decongests

- Soothes inflammation and soreness in and around the nose
- Helps keep the nose comfortable and clear

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CMP Information Ltd. Chemist & Druggist incorporating Retail

Chemist, Pharmacy Update and Beauty Published Saturdays by

CMP Information Ltd Sovereign Way, Tonbridge Kent TN9 1RW

C&D on the internet at http://www.dotpharmacy.com/

Subscriptions (Home) £140 per annum (Overseas & Eire) \$345 per annum including postage, £2 60 per copy (postage extra) Additional Price List, £78 per annum

Circulation and subscription CMP Information Ltd, Tower House Sovereign Park, Lathkill St, Market Harborough, Leics. LE16 91.1-Telephone: 01858 438809 Fax: 01858 434958

Refunds on cancelled subscriptions will only be provided at the publisher's discretion, unless ecifically guaranteed within the terms of subscription offer

The editorial photos used are courtesy of the suppliers whose products they feature













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An overview of gastro intestinal problems and remedies, including constipation, indigestion, IBS, diarrhoea and haemorrhoids

Computer error hits contractors

Pharmacy contractors in North Wales have had an average of £2,000 deducted from this month's reimbursements, due to a computer error which overpaid them by £328,000.

Although figures have not been supplied to South Wales contractors, the problem is expected to affect all 700 contractors in Wales. This could represent an overpayment of £1.4

The error occurred over three months, from December 2000 to February this year. The error was not made known to contractors, although there was a reduction on the October reimbursement form.

Nor has the nature of the IT error been explained to contractor representatives. It does not seem

that the money being taken back is related to script volume or number of prescription levies collected.

One contractor with five pharmacies had nothing removed for two of his pharmacies, but had £7,000 deducted from another Another contractor who is paid under the Essential Small Pharmacies Scheme has had £1,600 docked from his remuneration.

North Wales Local Pharmaceutical Committee (LPC) secretary, Bob Gartside, was concerned that there was no special notification that the money would be deducted. "It's dreadful. It's beyond belief," he said.

"The argument will be that [contractors] have had the money and now we are taking it off them. But most contractors do not work that way." As payments are still three months behind, most contractors are not sure what they should be paid for any particular month, he explained.

Pricing in Wales has gone beyond a joke, he said. "We had a fresh start in April 2000, with extra staff being brought in and Category D taken out of the equation, but we are still three months behind in payments.'

Hugh Thomas, secretary of the Bro Taf and Iechyd Morgannwg LPCs, was aware of the problem, but had not been told officially by the pricing authority.

On Tuesday, he had been told to expect a letter from the health authorities later this week

GPs to enlist pharmacists in Northern Ireland plan

GPs in Northern Ireland will be able to ask community pharmacists to review patients' medication as part of a wider medicines management initiative in the Northern Health Board area.

The service will be targeted at patients with cardiovascular conditions who have risk factors suggesting poor concordance or medicines management problems. The aim of the service is to:

- improve the patient's knowledge and understanding of their medicines
- ensure that both prescription and over the counter products are taken appropriately
- resolve any identified problems by agreeing and implementing solutions in liaison with other members of the primary healthcare team.

GPs will receive feedback from the pharmacist about the review, which will be based on a structured questionnaire. It is hoped that this will provide a channel for improved collaboration between pharmacists and GPs on wider care issues, say the medical and pharmaceutical advisers in a letter to the GPs

Hospital pharmacists and technicians from the United Hospital Trust will be addressing medicines management issues across the primary and secondary care interface. In the same letter, GPs have been advised that they may be contacted by one of the hospital project team to clarify aspects of a patient's medication history.

Another aspect of the initiative will be "to explore preferential procurement strategies to ensure economy and greater consistency in the products patients receive'

The aim of this part of the project is to involve GPs in the product selection process, leading to more consistent cost savings across both sectors.

The practice of loss leading in hospital to gain primary care business creates barriers to seamless care, say the authors of the letter.

For more information:

Dr Denis Morrison, Pharmaceutical Tel: 02825 662615.

ETP pilots expected to start next month

Electronic transmission of prescription pilots is expected to start in England in December.

However, Douglas Ball, director of information technology at the Prescription Pricing Authority, said that all three participating models still have problems to be resolved.

Addressing the PPA public meeting last week, he said each pilot is expected to involve 20-30 practices, 30-45 pharmacies, 100,000-200,000 patients, and 250,000-500,000 electronic prescriptions.

The trial is due to end next June and to be evaluated by December 2002.

Community pharmacies would be linked to GP practices via the NHSnet in the ETP pilots, according to Health Minister Jacqui Smith in parliament last week.

The DoH is "to establish pilots to test the feasibility, benefits and costs of e-prescribing across the NHSnet," she said.

Questiontime

Which point below would encourage you to spend more time on a wholesaler's website, eg UniChem's pharmology.com or Gehe's AAH Point?

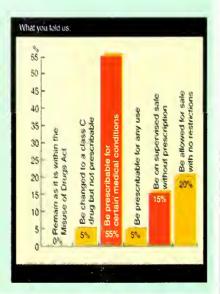
- Another computer to complement your dispensary equipment
- A chance to take part in online revenue-earning services
- Better online product discounts
- Broad range of online CPD modules

You can record your vote on our website:

www.dotpharmacy.com. On the home page you will find a link to the Question Time page. Select your answer and then click on the "vote" box. Your answer is automatically collated.

You have until noon on November 13 to cast your vote. We will publish the result in $C \mathcal{C}D$, November 17

Last week we asked you: Do you think that cannabis regulation should be changed?







National Indoor Allergy Week takes off on Monday with the aim of raising awareness of allergens in the home. The British Allergy Foundation estimates that one in four of the UK population suffers from perennial rhinitis. The week has been sponsored by Benadryl for the second year. Senior product manager Ashley Knight comments: "So much emphasis is placed on hay fever that indoor allergies are often neglected. There is huge scope to build the out-of-season allergy market." A booklet, All About Allergies, is available free from the Pfizer Consumer Healthcare Advisory Bureau on 02380 628 274 or from sales representatives. The British Allergy Foundation, which is celebrating its 10th anniversary, will be adopting the new name Allergy UK from the beginning of next year's allergy week, May 13-19 2002. Pictured with sources of common household allergens are puppy owner Beverley Hays and Benadryl balloon pilot Chris Monk

This month's Update question paper enclosed

Enclosed in this week's issue is the questionnaire for

the following Pharmacy

Update modules carried in October:

- Selling Vaccines 1214 How safe are statins? 1215
- Immune mechanisms 1216

Pharmacy Update is a distance learning programme accredited by the College of Pharmacy Practice. Previous modules can be obtained by using the faxback service on 08705 441188 or accessing the dotPharmacy website at www.dotpharmacy.com.

The Pharmacy Update multiple choice questionnaire and telephone marking service are supported by Genus Pharmaceuticals.

North London CHD study

Community pharmacists in North London are to help local primary care groups achieve national targets for coronary heart disease.

Initially, 25 pharmacies in the Harrow West and Harrow East & Kingsbury primary care group areas will identify patients whose therapy does not comply with the National Service Framework for

Patients will be identified from one of three pharmacy routes:

at point of sale

of low-dose aspirin

presenting with a prescription for CHD drugs

and through a local media and pharmacy window campaign targeting patients who have had a heart attack.

Brent and Harrow health authority area has the third highest incidence of CHD among HAs in England and Wales.

For more information:

www.managingmedicines.com

Two 'crossbow' robberies in Belfast

Pharmacies in Belfast continue to be the target of daytime robberies with pharmacists and staff being intimidated into handing over temazepam and other street

Two pharmacies were robbed on Tuesday in different parts of the city. In both cases staff were threatened by a person carrying a crossbow.

The robberies took place at McGrath Pharmacy, 182 Andersonstown Road, and Irwin's Medical Hall, 167 Kingsway, Dunmurry.

Leadership and change conference

A conference for pharmacy development groups promoting the concept of leading and managing change will take place in London next week.

Among the speakers will be Beth Taylor, a member of the NHS Modernisation Board, A senior trainer at The Hemsley Fraser Training Group will lead interactive sessions about the challenge of change and how team working can make a difference

The conference, on November 19 at the Royal Pharmaceutical Society's headquarters, is free and open to PDG members and other interested pharmacists.

Spaces are still available. Contact Yvonne Dartington at the Society on 020 7572 2208 for more information.

Tesco raises bowel cancer awareness

Tesco pharmacies have launched a booklet called Don't Sit On Your Symptoms to help raise consumer awareness of bowel cancer

The booklet, produced in conjunction with the charity Beating Bowel Cancer, is available free from Tesco pharmacies from this week.

It offers advice on symptoms, prevention, healthy eating, living after bowel cancer and contacts for further information.

Meningitis fear for Muslim travellers

Muslims making the annual Haji pilgrimage to Mecca are being advised to make sure they have been vaccinated against meningitis, in a campaign launched this week by the Department of Health.

This year Saudi Arabia is insisting that all pilgrims provide proof of immunisation to obtain a visa. Last year a quadrivalent vaccine protecting against meningitis strains A, C, Y and W135 was introduced in the UK

A multi-lingual 1 detail out the need for immuns acron and advice on other health issues affecting pilgrims is avadable.

For miles intermetions

www.doh.gov.uk/traveladvice/hajj



NICE guidance to be compulsory

The Government is to announce shortly that local health authorities and trusts will be directed to fund drugs and treatments recommended by the National Institute for Clinical Excellence.

It is expected the announcement will be made with the publication of the NHS Reform Bill, expected to be law by next summer.

Health minister John Hutton confirmed that the NICE recommendations are to be made compulsory. "We are preparing to implement our manifesto commitment that local health authorities and trusts will be

directed to fund drugs and treatments recommended by NICE and expect to announce further details shortly," he said.

The Department of Health has not provided specific guidance about the audit of guidance implementation. However, the National Prescribing Centre recently published a guide for NHS professionals to help with the process of local implementation of NICE guidance, including audit.

NICE is developing audit tools which will be published alongside its appraisals, said Mr Hutton.

The Department is monitoring the implementation of the NICE

appraisal guidance through its routine performance assessment procedures supplemented by other data sources available to the DoH, he added.

The Government is currently formulating proposals for the release of data about products subject to NICE recommendations.

On beta-interferon, he also confirmed officials were currently holding discussions with the manufacturers to consider a range of options under which drugs for multiple sclerosis might be made available under the NHS.

"One option is a 'risk sharing' scheme," he said.

Pre-reg exam faces **further** challenge

A Sheffield woman whose ambition to become a pharmacist was thwarted when she three times failed qualifying exams has won the first round of her High Court bid to achieve her dream.

Rashida Shaikh claims the Royal Pharmaceutical Society failed to take into account the acute personal strain she was under at the time of the latest examand should have made a special

Her counsel, Ian Wise, told London's High Court her result had fallen only 4 per cent short of the 70 per cent passmark and should, in the exceptional circumstances, have been "commuted" into a pass.

The Society – which normally only allows candidates three attempts to pass the exam - should at least have allowed her to sit it for a fourth time, he argued.

After a brief hearing last week Mr Justice Elias declared Ms Shaikh's case "arguable", opening the way for a full judicial review.

No date was set for the full hearing of Ms Shaikh's judicial review challenge.

track with pricing

All payments from the Prescription Pricing Authority are back on schedule, says chief executive Nick Scholte. Pricing of September prescriptions was completed at the end of last week

The backlog created by the generic shortages in 1999 continued to dominate the PPA's activities in the year 2000-01. The extra time taken to process Category D prescriptions meant the year began with a peak backlog of unprocessed work amounting to three month's worth of prescriptions. By recruiting extra staff, speeding up training, introducing shift-working and changing computer systems to hasten the processing of Category D prescriptions, by March four weeks work could be processed in three. All this took place against a higher than expected increase in prescriptions of 5 per cent.

The PPA is now predicting growth of up to 7 per cent, and planning on that assumption.

Accuracy of payments to pharmacists continued to exceed the target of 99.8 per cent.

For more information: www.ppa.org.uk

PPA back on Child friendly pharmacy wins magazine award

A South London pharmacy has won this year's Mother & Baby Magazine's "Child friendly pharmacy of the year" award.

Roger Humbles, of Fourways Pharmacy, Herne Hill, collected the award last week at a special dinner. Mr Humbles wanted to thank his customers for nominating the pharmacy. "I am ecstatic to be honoured with this accolade, especially as it comes straight from the pharmacy.

Mr Humbles says there is a large customer base of young mothers in the neighbourhood. The shop has been modified to allow easier access to customers with pushchairs, and has a widened door and wide aisles.

The award was sponsored by Tixylix. Brand manager Nicola Westlake said: "With this award we are looking to find a real local champion, and we found one in Mr Humble. He is clearly very highly regarded in his community and is a shining example of a pharmacist working to improve the quality of his service and his relationship with customers."

The awards also recognised a variety of baby products. See p32for more details.



Roger Humbles (centre) of Fourway Pharmacy, Herne Hill, collecting his Mother & Baby/Tixylix "Child friendly pharmacy of the year" award from television personality Nick Hancock (left) and Kevin White, the CEO of **Novartis Consumer Health**

OTC remedies first line of defence

Consumers are more than twice as likely to self-medicate with OTC remedies for cold and flu symptoms than to seek advice from pharmacists or doctors.

Some 70 per cent of people would buy an OTC cold or flu medicine from a pharmacy, rather than talk to a pharmacist (33 per cent) or their doctor (21 per cent).

The findings are in a survey published this week jointly by the Consumer Healthcare Information Centre and the Doctor Patient Partnership as part of their winter ailments campaign (C&D, October

For more information:

www.chic.org.uk



STAND UP TO FOOD ATTACK

any of your customers are having run-ins with their food several times a day, suffering repeated painful attacks of heartburn and indigestion. No sooner has a short-term remedy taken effect, than the fight starts all over again.

When food turns nasty, how can you help them win the struggle? Recommend a more efficient treatment plan, one that makes sense for your customers and your pharmacy.

Recommend Zantac 75, a long lasting remedy for everyday indigestion and heartburn. Each small tablet works quickly to provide relief throughout the day or night and is simple, palatable and convenient. With your advice, your customers can control their symptoms effectively, whether they're at home, at work or out and about. With Zantac 75 there's no need for repeated consumption of chalky tablets, chewable pastilles or liquid suspensions.

Sustained action with Zantac 75 also helps your customers avoid sleep

disturbance due to excess acid-related symptoms – night-long relief is not achievable with antacids. And in contrast to the alginates, Zantac 75 is not dependent on an upright body position for its effectiveness.

Zantac 75 is a modern answer for frequent attacks of heartburn and indigestion, since it gets to the root cause of the symptoms. That is why it can be recommended not just for treatment but prevention of excess acid disorders, allowing your customers to get on with life without associated pain and discomfort.

Customers seeking conventional remedies for immediate relief can choose to benefit from a longer lasting remedy, by self selecting Zantac 75 Relief in the pharmacy or by following your recommendation for Zantac 75.

So the next time a customer comes under repeated food attack, call for back up. Recommend Zantac 75 or Zantac 75 Relief.







ranitidine (as HCI)

A force for comfort

Product Information

Presentation Zantac 75 Relief, Zantac 75. each tablet contains 75mg ranitidine. Uses Zantac 75 Relief. Symptomatic relief of heartburn, indigestion, acid indigestion and hyperacidity. Zantac 75. Symptomatic relief of heartburn, indigestion, acid indigestion and hyperacidity and prevention of heartburn, indigestion, acid indigestion and hyperacidity and prevention of heartburn, indigestion, acid indigestion and hyperacidity associated with consuming food and drink. Dosage and Administration Zantac 75. Relief. Adults and children aged 16 and over, one tablet. No more than two tablets should be taken in any 24-hour period. Zantac 75. Adults and children aged 16 and over, one tablet. For prevention of heartburn and indigestion associated with food and drink, one tablet half to one hour before eating or drinking. No more than four tablets should be taken in any 24-hour period. Contraindications

Hypersensitivity Precautions
Treatment should be restricted
to maximum of 6 days

(Zantac 75 Relief) or 14 days (Zantac 75) continuous use at any one time. Patients should contact their doctor if their symptoms do not improve after 6 days (Zantac 75 Relief) or 14 days (Zantac 75) continuous treatment. Should not be taken by the following groups of patients unless under medical supervision; those with difficulty swallowing, persistent stomach pain or unintended weight loss; those middle aged or older with new or recently changed symptoms of indigestion; during pregnancy or in those trying to become pregnant, or breast feeding; those taking NSAIDs or with a history of porphyria. Side Effects Generally well tolerated. Rarely confusion. headaches, dizziness, depression hallucinations, involuntary movement disorders, changes in liver function tests, hepatitis, jaundice, acute pancreatitis, leucopenia, thrombocytopenia agranulocytosis, pancytopenia, marrow hypoplasia aplasia, hypersensitivity reactions, bradycardia, A-V block, skin rash, vasculitis, alopecia, musculoskeletal

symptoms, impotence and breast swelling/ discomfort in men. See SPCs for further details. Legal Category Zantac 75 Relief. GSL. Zantac 75: P. Retail Selling Price (ex W1T) Zantac 75 Relief. Zantac 65: £1.69. Zantac 22: £3.31. Zantac 75: Zantac 24: £5.95. Product Licence Number Zantac 75: Relief. PL. 10949/0313. Zantac 75. Relief.

© GlaxoSmithKline, 2001

DOUBLE WAN-Y



Product information. Nurofen Gel Maximum Strength: Gel for topical administration containing ibuprofen 10%w/w. Indications: For the relief of pain and inflammation associated with backache, non-serious arthritic conditions, rheumatic and muscular pain, sprains, strains, sports injuries and neuralgia. Dosage: Adults, the elderly and children over 14 years: Squeeze 2 to 5cm of the gel (50 to 125mg ibuprofen) from the tube and lightly rub into the affected area until absorbed. The maximum number of applications of 5cm gel in any 24 hours is four. Wash hands after each application. The dose should not be repeated more frequently than every four hours. Do not exceed the stated dose. Review treatment after 2 weeks, especially if the symptoms worsen or persist. Children under 14 years: Do not use on children under 14

years of age except on the advice of a doctor. **Precautions** and **Warnings**: Apply with gentle massage only. Avoid contact with eyes, mucous membranes and inflamed or broken skin Discontinue if rash develops. Hands should be washed immediately after use. Not for use with occlusive dressings. The label will state: Do not exceed the stated dose. Keep out of the reach of children. For external use only. If symptoms persist consult your doctor or pharmacist. Do not use if you are allergic to ibuprofen or any of the ingredients, aspirin or any other painkillers. Consult your doctor before use if you are taking aspirin or any other pain relieving medication, you are pregnant. Not recommended for children under 14 years. **Side Effects**: Hypersensitivity reactions have been reported following treatment with ibuprofen. These may consist of

a) non-specific allergic reaction and anaphylaxis, b) respiratory tract reactivity comprising of asthma, aggravated asthma bronchospasm or dyspnoea, or c) assorted skin disorders including rashes of various types, pruritis, urticaria, purpura angiodema and less commonly, bullous dermatoses (including epidermal necrolysis and erythema multiforme). Gastro intestinal: abdominal pain, dyspepsia. Product Licence Number: PL 10972/0082. Licence Holder: Goldshield Group PLC (trading style: Goldshield Pharmaceuticals, NLA Tower, 12-16 Addiscombe Road, Croydon CR0 0X1 Legal Category: P. Price: MRRP £5.25. Date of preparation June 2001. Distributed by

June 2001. Distributed by Crookes Healthcare Limited, Nottingham, NG2 3AA. NU295.



Pharmacists in Barking & **Havering aim for PhDs**

Barking & Havering pharmacists began an accredited professional development programme with a weekend school held last week.

Forty-two pharmacists attended the two-day course. All are already involved in the Barking & Havering medicines management scheme (see C&D, October 13,

The weekend programme covered therapeutics, patient case studies, how to evaluate consultants' and doctors' letters, and drug interactions.

The programme, which is aeeredited by Robert Gordon University, was organised jointly with the School of Pharmacy, London.

One of the pharmacists on the project is using the information collated in the project towards her

The weekend course aims to provide "better awareness of patient and professional issues, a tangible demonstration by pharmacists to commit themselves to the modernisation agenda".

"As a bonus we may be able to produce PhDs," said Hemant Patel, secretary of Barking & Havering Local Pharmaeeutical Committee.

Further study days and joint meetings with GPs are being planned for next year.

Following requests from pharmacists, the LPC and health authority have agreed to develop IT and pharmaeists' communication and negotiating skills. The courses are only available to pharmacists participating in the medicines management project.

The LPC is also examining ways of developing the skills of counter assistants and technicians.

The medicines management programme in Barking & Havering currently involves 44 local eontractors. To join, contractors have to persuade a local GP to take part in the scheme. The remaining pharmacists in the area are either on the waiting list or are receiving health authority support to try and bring more GPs into the project.

APPG hears evidence on **DTC** ads

The pharmaceutical industry could play a much greater role in informing patients, the All-Party Pharmacy Group has been told.

"If you want to know about a product, where else do you go but the manufacturer?" asked Martin Anderson from the Association of the British Pharmaceutical Industry (ABPI)'s informed patient task force.

He added that good medicines information should not be viewed as unacceptable because it came from the industry.

Although the ABPI expects direct-to-consumer advertising of prescription medicines to remain illegal for the foresceable future, it is calling for all stakeholders to diseuss how patients ean be better provided with information. Mr Anderson was speaking at a meeting of the parliamentary All-Party Pharmacy Group last week.

Clara MacKay, principle policy advisor at the Consumer Association said that advertising preseription medicines would not produce any of the benefits. DTC ads would only increase awareness in a narrow band of conditions and drugs and it would increase visits to the GP.

She added that there was little evidence of rational prescribing, as the most heavily advertised products were invariably the newer and more expensive drugs.

Current EU proposals to allow drug companies to promote products in three therapeutic areas, (HIV, asthma and diabetes) should not be aeeepted. She suggested the industry should contribute to an independently-managed public fund.

Christine Glover, immediate past president of the Royal Pharmaceutical Society, suggested that one dedicated channel for medicines information could be created, for which the Government could assume responsibility.

APPG ehairman Dr Howar Stoate commented: "We dive to patients to be better in the roll. the question is who is do not the informing."

But he did not that the industry should be at a wed to do all the informing at it did not necessarily provide the full picture.

MEDICINES

Supply addicts with heroin, says report

Supplying addicts with heroin would lead to a drop in crime, says a new report published this week.

Heroin should be supplied to clients through "the secure environment of a unit which contains facilities to test clients. provides medical treatment, gives counselling and advice, prescribes and dispenses heroin and supervises its administration'

The report, Heroin: the Failure of Prohibition and What To Do Now, has been written by Francis Wilkinson, a former police ehief constable, and is endorsed by Sir David Ramsbotham, the former chief inspector of prisons.

In the report Mr Wilkinson says methadone should remain available as part of a withdrawal programme and there should be adequate residential detoxification.

The UK has the biggest and fastest growing heroin problem in the western world. The estimated 270,000 users ereate an illegal market of about £4.5 billion per



annum, paid for largely with the proceeds of crime. The report says that there is enough evidence from the UK and other countries to prove that the UK's policy of prohibition increases the number of heroin users faster than any other policy.

Mr Wilkinson says that the regulation of the drugs market in the UK would be an effective crime prevention measure. Regulating the supply of heroin

eould result in a 20 per cent drop in erime.

He has called for a two year centrally funded pilot of the heroin supply seheme and for the Home Secretary to regularly publish data detailing the progress of the heroin problem in the UK.

For more information:

Tel: 020 7222 5121

LEGISLATION

Statutory Instrument on drugs issued

A Statutory Instrument proposing a modification to the Misuse of Drugs Aet has been drafted. The order is proposing to add 36 phenethylamine substances to

Schedule 2 of the Misuse of Drugs Act which are not eovered by the definition in paragraph 1(e) of Part I of Seh 2 to the Act. Of the eompounds, 35 will be added

as Class A drugs and αmethylphenethylhydroxylamine is added as a class B drug. It is anticipated the SI will come into force in February 2002.



Coming Events

Aberdeen and NE Scottish **Branch RPSGB**

Nicotine Replacement Therapy, Gillian Lee, at the Atholl Hotel, Aberdeen, 7 for 7.30pm.

Nottingham Branch RPSGB

Diagnosing and Treating Coeliac Disease in Children, Dr C Charlton, the School of Pharmacy, University of Nottingham, 7.30 for 8pm.

NICPPET

Prescribing in Primary Care, the Seagoe Hotel, Portadown, 10am-

NOVEMBER 13 Moray & Banff Branch, RPSGB

Sip Feeds and Nutrition, at the Laichmoray Hotel, Elgin, 7pm.

Ayshire Branch, RPSGB

Pre-Hospital Emergency Care, by Mr S Edwards, at the Piersland House Hotel, Troon, 7.30 for 8pm.

Slough Branch, RPSGB

New Developments in the Treatment of Asthma, John Lister Postgraduate Centre, Wexham Park Hospital, Slough, 7.15 for 8pm.

Oxfordshire Branch, RPSGB

The Evidence Base For New Treatments in Alzheimer's, Dr Rupert McShane, Pickering Postgraduate Centre, John Radcliffe Hospital, 7.30 for 8pm.

NICPPET

From Conception to Birth - The Role of the Pharmacist, Lodge Hotel, Coleraine, 7.30 for 8pm.

NICPPET

From Conception to Birth - The Role of the Pharmacist, at the Killyhevlin Hotel, 7.30 for 8pm.

NOVEMBER 15 Bristol Branch, RPSGB

Drug Misuse, at the BAWA Leisure Centre, Filton, 7.30 for 8pm.

Weald of Kent Branch, RPSGB

Drugs in the Perinatal Period, by Professor Paul Nichols, at the Jarvis International Hotel, Pembury, 7.30 for 8.15pm.

NICPPET

From Conception to Birth - The Role of the Pharmacist, Holiday Inn Express, Belfast, 7.30 for 8pm.

NOVEMBER 16 Lanarkshire Branch, RPSGB Sesquicentenary Dinner, 7.30 for

pharmology.com prepares for New Year roll out

UniChem's pharmacy website – pharmology.com - is getting a major overhaul to prepare for its national roll out in January 2002.

By the end of December the website will feature a locum service, news feed from The Gnardian, a trade news feed, more retail finance services, and exclusive product offers.

These services reflect the demands of pharmacists who have been piloting the website this year.

Next year the website will roll out services that will be largely self-funding because they will be paid for by pharmaceutical manufacturers. In return for the interactive services, the manufacturers will pay the website and pharmacists.

Manufacturers could also pay the website to run an "e-detailing" service which would enable them to send promotions to their pharmacist customers through the website.

Sue O'Donnell, pharmology.com's chief executive, said this service would particularly appeal to small and medium-sized companies which could not afford to field a nationwide sales force.

She added that pharmacists would also be offered free Continuing Professional Development courses, which



Sue O'Donnell; hoping to appeal to small and medium sized companies

would be accredited and funded by manufacturers.

 UniChem will roll out its Community Pharmacy Initiative+ scheme next year, following the trial which has been running since June, and plans to recruit 300 pharmacies in the first year.

The wholesaler will shortly send out another free parcel of own-brand products to customers to reinforce its backing for pharmacists post-RPM.

Enigma Health UK will launch its Enigma PMR system next

For more information:

www.pharmology.com

RETAILING

Nucare secures expansion funding

Nucare has secured £12 million backing from Bank of Scotland Business Banking to expand its pharmacy chain.

With the extra money, Nucare plans to acquire 50 independent pharmacies over the next year.

While the funding will enable Nucare to create a much greater brand awareness and provide new outlets for its products, Hiten Rawal, Nucare's retail director, said that the company's

acquisition policy had to be especially prudent in light of the Office of Fair Trading's enquiry into control of entry regulations.

"A lot depends on the outcome of the OFT inquiry, how many pharmacies are coming onto the market and whether goodwill is going to drop," Mr Rawal said.

Nucare currently owns five pharmacies but anticipates the eventual size of its chain to be around 100.

Nicorette Patch.

Abbreviated Prescribing Information.

Nicorette Patch.

Transdermal delivery system available in 3 sizes (30 ,20 and 10cm2) releasing 15mg, 10mg and 5mg of nicotine respectively over

Nicotine dependence and symptom relief in

Dosage & Administration:

Nicorette patches should not be used concurrently with other nicotine products and patients must stop smoking completely when starting the treatment. The recommended treatment programme should occupy 3 months. One Nicorette patch should be applied to a dry, non-hairy area of the skin on the hip, upper arm or chest in the morning and removed at bedtime. Application should be limited to 16 hours within any 24-hour period. Patients are recommended to commence with one 15mg patch daily for the first 8 weeks. Patients who have remained abstinent should then be supported through a weaning period, consisting of one 10mg patch daily for 2 weeks followed by one 5mg patch daily for a further two weeks. Patients should be reviewed at 3 months and if abstinence has not been achieved, further courses of treatment may be recom-mended if it is considered that the patient would benefit. Not for use by persons under 18 except under advice from a doctor.

Precautions:

Peptic ulcer, angina pectoris, recent myocardial infarction, serious cardiac arrhythmias, systemic hypertension, peripheral vascular disease, diabetes mellitus, hyperthyroidism, phaeochromocytoma, recent cerebrovascular accident, chronic generalised dermatological disorders.

Contra-indications:

Pregnancy & Lactation. If the patient cannot give-up smoking without NRT then a risk benefit assessment should be made. Nonsmokers, known hypersensitivity to nicotine or component of the patch.

Special Warnings:

Rarely dependence. Erythema may occur. If severe or persistent, discontinue treatment.

Adverse Effects:

Application site reactions (e.g. erythema and itching), headache, nausea, dizziness, palpitations, dyspepsia and myalgia.

Pharmaceutical Precautions:

5tore below 30°C.

Legal Category: GSL

Package Quantities & Cost (all trade prices correct at time of printing):

Cartons containing Nicorette patches in single sachets in the following quantities

Nicorette Patch 15mg (PL00032/0294) - packs 7 (£9.07). Nicorette Patch 10mg (PL00032/0293) - packs of 7 (£9.07). Nicorette Patch 5mg (PL00032/0292) - packs of 7 (£9.07)

PL Holder:

Pharmacia Limited, Davy Avenue, Milton Keynes, MK5 8PH, UK. Tel. 01908 661101.

Date of preparation: August 2001.

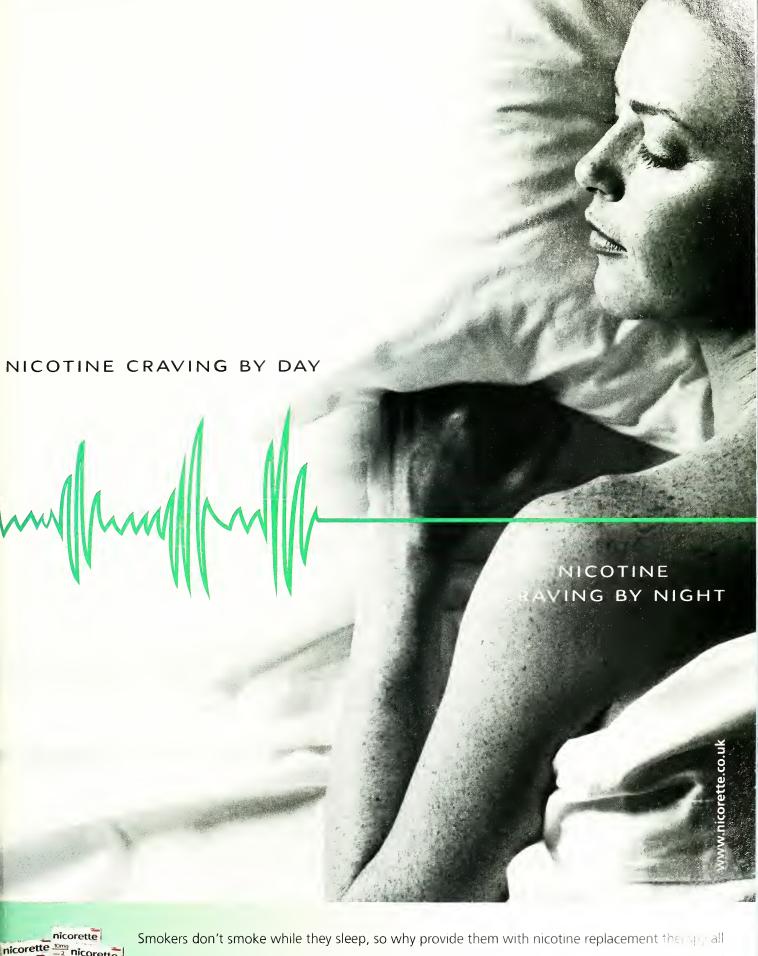
REFERENCES:

Fagerstrom KO, Sawe U: pathophysiology of nicotine dependence: treatment options and the cardiovascular safety of nicotine (Cardiovascular Risk Factors 1996.6).



16 HOUR PATCH

CRAVING FREE DAYS - NICOTINE FREE NIGHTS





night? Nicorette 16 hour Patch closely mimics a regular smoker's nicotine intake durage a small

waking hours. Because it keeps cravings under control all day, but leaves smokers nicotine-free at night, there's less chance

of sleep disturbance! So next time regular smokers need continuous craving relief, help them have a restful night too, with Nicorette 16 hour Patch.



16 HOUR PATCH CRAVING FREE DAYS - NICOTINE FREE NIGHTS



LSE launches new healthcare market

The London Stock Exchange has launched a new market dedicated to healthcare companies.

techMARK mediscience includes all 48 biotechnology, pharmaceutical, diagnostics, drug delivery and medical technology companies currently listed on the London stock market.

The aim is to increase the focus on healthcare companies in the hope of drawing liquidity to this market. The new market groups together companies of the size of GlaxoSmithKline and Astra Zeneca to Antisoma, Xenova, Powderject and Bioglan.

AAH collects old BNF's

AAH Pharmaceuticals is collecting recently out-dated versions of the British National Formulary on behalf of the Commonwealth Pharmaceutical Association.

Donated copies will be collected during AAH deliveries to community and hospital pharmacies. They will be sent to pharmacy groups in Commonwealth member states in the developing world which request them.

MULTIPLES

Moss goes all out on health inside Waitrose

Moss Pharmacy's second Total Health store has opened in the Waitrosc supermarket in Eaton, on the outskirts of Norwich.

Although it is inside the supermarket, the pharmacy, which Moss acquired from Roy's of Wroxham in June, is run as a concession "beyond the till point".

At 80 m² the outlet is smaller than the first Total Health store, although it still features the two key "zones" (see C&D August 11, p29), medicines and alternative remedies.

A special Scholl treatment room is currently being used by a range of healthcare professionals, including an osteopath, a reflexologist, an aromatherapist, a Scholl chiropodist, a cranial masseuse, and for consultations with the pharmacists. There is a quiet area on the far side of the dispensary.

Once again the store incorporates the concept of selfselection of P medicines, which are jointly merchandised with



The weekly shop: Moss's Total Health pharmacy in Eaton, near Norwich

GSL lines, but behind plexiglass.

Despite the supermarket setting, Gill Neill, the pharmacy manager, thinks the store has a very professional character.

"It comes down to ranges, we are now just medical. Toiletries are solely covered by the supermarket," she said. There are currently no plans to roll the concept out further until the results of the initial two have been fully assessed.

"We basically introduced the cssence of the first store, in Cannock, into the smaller unit," said Cathy Wagg, Moss's marketing development executive.

FINANCE

Direct insurance scheme launched

Pharmacy owners are among retailers and small businesses being specifically targeted by a newly-launched direct insurance company.

PremierLine promises to offer an all-encompassing insurance package in one policy which it claims is designed to meet the needs of small businesses such as pharmacies. It will include professional indemnity cover.

Businesses must have been operational for at least a year to be eligible to use the service.

Research conducted by PremicrLine suggests that 80 per cent of small businesses currently have two or more insurance policies, while 38 per cent said that time constraints prevented them from shopping around.

The company also offers a no claims bonus of 10 per cent reduction on premiums for companies that have not filed a claim in two years.

As well as using the full postcode rather than the first part only, the company uses a new

ranking system based on rating factors including a sociodemographic profile of the business area, analysis of the age and construction of the building, and the type of secutity used.

For more information:

PremierLine Tel: 0800 083 9254.



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Perfectil® advances your customer's beauty regime with a unique combination that's recommended by *Premier* – the leading model agency representing some of the biggest international stars of the business.

Wellman® has been boosted with stylish new packaging, and is the choice of many professional sports teams including *Premier League* football clubs. It's ideal for sportsmen and executives with a hectic lifestyle.

Wellwoman® has been launched in conjunction with *She magazine* and both Cardioace and Jointace are now approved by *BUPA*.

Throughout the year we'll be supporting all these categories with powerful advertising and PR activity, including press and magazines, underground, radio, posters and buses.

With innovative new launches to look out for too, we're helping to generate excitement in the VMS sector and building brand leaders for the future.

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www.vitabiotics.com

(Opinion)

Comment from the Editor



To err is human. To really foul things up takes a computer. That's the adage, but one wonders how much that is used as an excuse? In North Wales, contractors are having money deducted – an average of £2,000. They were overpaid

£328,000 for three month's prescriptions due to a computer program error. Understandably the Pricing Authority wants its money back, but the manner it has gone about this is the nub of the issue.

Rather than informing contractors of the problem with a proper explanation, the money has simply been deducted from the October payment. The only indication is the minus sign on the payment slip.

Contractors who do not devote sufficient time to checking every detail of their payslips (what's the point, they might argue, when payments are still three months behind hand) might not actually be aware of the deduction. That is until it comes to paying the wholesaler's monthly account, or the wages or any of the other demands that are made for prompt payment.

The problem is believed to affect the whole of Wales. As the other LPCs are now aware of North Wales' experience, pharmacists may be able to have a couple of days advance notice and try and budget appropriately. But should they really have to? When the Government was elected it promised to clamp down on late payments. With its own record of 90 days plus for Wales, would it not be expedient to introduce electronic pricing of prescriptions? A real-time payment system would go a long way to helping community pharmacists budget appropriately and take off some of the pressure faced in a post-RPM climate, with its shortage of pharmacists and threats such as relaxation of the control of entry regulations.

The Pricing Authority wants its money back, but the way it has gone about it is the nub of the issue

Yourviews

Retiring Numark MD Terry Norris gives his view of the future of independent pharmacy

The future's as bright as you make it

I was appointed managing director of Numark in July 1989. What arc the issues now facing independent community pharmacy as I prepare to retire on December 31? Why can it be positively stated that the future is bright? The challenges arc many and varied.

For most pharmacies NHS dispensing is over 70 per cent of business. However, the pharmacist does not "own" this business. It is a part of the NHS to which the pharmacist is a contractor. It is valuable to remind ourselves of this occasionally.

The growing pharmacy multiples pose an internal market challenge, and an external challenge comes from the grocers.

Other problems are often selfinflicted or the result of a lack of training. Many pharmacists believe that lowering prices will defend them. This is an illusion.

Retail premises are improving,



Terry Norris: "Problems are often self-inflicted"

but many pharmacy standards are not aspirational, while consumers are. Pharmacists often lack training in management and marketing, which are vital in today's environment.

Independent pharmacists often

fail to charge all key elements into their profit and loss account. The business should generate a pension, a notional rent for a freehold building and a salary for the owner in addition to the profit needed to invest in the future.

The Government's Pharmacy Plan poses other challenges, and the "new world" of the internet and the informed patient is already here and will grow in importance.

What, then, of the opportunities. First, a brief look across the Atlantic: since 1998 the decline in market share held by independents has come to a stop. Growing awareness of the added value offered by a pharmacy with an owner who is able to build a relationship with the community is a factor.

With an ageing population and the steady growth in selfmedication, health is a long-term growth market. Consumers are more informed and they want and respect good professional opinion.

While an NHS contract has its problems, it also creates opportunities. It generates a daily flow of potential customers for other healthcare-related products. New markets exist and more will emerge around medicine management programmes, and the imaginative use of IT systems.

All this adds up to a substantial new market which can be added to the organic growth generated by a good pharmacy with an ownermanager known within the community.

The future is as bright as the energy of the pharmacist. Partnerships of suppliers, wholesalers, organisations such as Numark and independent pharmacy are capable of sustaining long term organic growth for independent pharmacy. That is the aim.



HOSPITAL REPORT

You cannot cut corners on training

How much of the planning for the new "improved" pre-registration year actually involved those working on the ground? I am not sure how much community pharmacy is affected by the changes, but I know that hospital pharmacy is facing a dilemma.

Of course, we support the principle that graduates gain experience of both hospital and community pharmacy. But the logistics of the new arrangements have not been thought out properly. There are only a limited number of hospital pharmacy places – nowhere near the number of community pharmacy places. So it is difficult to see how a six month hospital/six month community year could happen.

Also, the majority of pre-reg training is "on the job". Trainees are valued members of staff and although in a training post, they are vital to the effective working of the pharmacy. Originally, they might have been supernumerary,

There are only a limited number of hospital pharmacy places

but increasing workloads and ever more pressure on staff budgets means this is no longer the case.

In my own department, our preregs rotate through a series of placements at other hospitals to gain full experience of the different hospital specialities. It is difficult enough to fit everything into 12 months. How on earth does it get compressed into six?

The current hospital experience cannot go into as much depth as pharmacists in permanent posts. How, then, can a reduction to six months possibly improve their hospital experience? At best, it will be an overview of a range of topics, all dealt with at a shallow level. At worst, whole chunks may be missed from the curriculum.

I can see the advantages of the changes but a whole raft of problems must be addressed first.

Contributed by a senior hospital pharmacist

TOPICAL REFLECTIONS

Who is looking after my retirement fund?

In the present economic climate the move by the Boots pension fund from equities to bonds seems astute (CGD November 3, p10), but meanwhile what of my pension?

Unlike Boots employees, or GPs, nurses and dentists, I have never been allowed to contribute to a guaranteed pension but have had to make my own arrangements.

The result is that the anticipated value of my personal pension fund can never match that required to deliver the percentage of final salary achieved by my NHS colleagues. This is because a deliberate Government policy has reduced my remuneration in real terms by 24 per cent over the past decade (Department of Health figures, $C \in D$ November 3, p + 1), along with the ability to fund the payments necessary to maintain my final pension.

The reality is that in order to live comfortably after retirement I will have to sell my pharmacy – or so I thought. If the Office of Fair Trading manages to move the contract goal posts I could find a large part of my retirement fund evaporating overnight.

Not exempt from hidden costs

I know I am paid to ensure that the exemption declaration on the back of the prescription form has been properly completed but the cost of failure is steep. Every time I get it wrong I am, in effect, fined £6.10, but this fact is overlooked in the latest Prescription Pricing Authority's annual report (C&D November 3, p16).

I am told that the cost of recognising that a computerprinted age on a script is true and telling me where I have erred has increased the costs of the PPA by £200,000. But if the Authority claims it is short

because it has been unable to switch exempt scripts which are not properly signed, then it is also admitting that it expected the "fines" of £6.10 per item levicd on pharmacists to have paid up to £200,000 of its costs.

This is a slight on my integrity and all a little sordid. I do not know whether I have interpreted the report correctly but it seems that in the calculations the PPA made for its competitive tender to the Department of Health it has calculated the "income" it would receive from the switching of incomplete exemption claims. If that is true, then that is a part of the tender that now requires a fuller public explanation.

Superdrug agenda should fool no one

Last week Superdrug's Mike Keen made a personal plca for the total removal of contract control in order to allow market forces to help young pharmacists wishing to own their own businesses (C&D Your Views November 3, p14).

These are dangerous ideas couched in words of honeyed malevolence.

Many years ago I worked for a short time as a second pharmaeist developing pharmaceutical services outside the dispensary. My independent employer was enthusiastic for professional development and had a strong enough business to sustain such an investment.

The professional future looked rosy. Then, one leapfrogger and a severe loss of business later, I was out of a job, and the dreams of an expanding professional service by my employer were dashed

overnight. The business is still in existence but a second pharmacist has never been employed again, and all in the name of free competition.

Yes, I agree with Mike Keen. The contract needs adjustment to encourage young pharmacists to enter independent practice, but the total removal of controls will only work to the advantage of Superdrug and the supermarkets. By virtue of their competitive muscle they will be left to reign supreme in the OTC markets while leaving

independents to serabble for any discarded NHS morsels.

That is the real agenda of Superdrug. Talk of a desire to professional excellence fuelled by a discerning general public to

merely a smoke screen to hide predatory ambitions.

Tamoxifen query



Using tamoxifen to prevent breast cancer in healthy women is under question following the publication of a new study in the *British Journal of Cancer*.

A previous trial, (the Breast Cancer Prevention Trial) in the USA in 1992, had shown that tamoxifen reduced the overall risk of invasive breast cancer by 49 per cent. This trial was stopped early on the basis of this evidence but may have been premature.

In 1998, the United States Food and Drug Administration approved the use of "preventative" tamoxifen. It is not licensed in the UK for this.

This new study suggests that tamoxifen is associated with a four-fold increased risk of endometrial caneer and a two-fold increased risk of deep vein thrombosis.

The Canadian researchers estimate that because of the drug's side effects it may only be beneficial for women whose predicted risk of breast cancer is three times greater than average. If their risk of breast cancer is less than this then the risks of tamoxifen outweigh the benefits.

There is no doubt about the benefit of tamoxifen in treating women who already have breast cancer, but further trials with long follow-up periods are required to determine which women, if any, should be offered prophylactic tamoxifen, say the researchers.

Dr Lesley Walker, director of cancer information at the Cancer

Research Campaign, said: "There's no doubt that tamoxifen is a vital part of breast cancer treatment but this paper suggests that it is not a magic pill which will bring an end to the disease. This work highlights the need to continue research to discover new treatments that tackle all aspects of the disease."

 Breast eaneer is now the most common form of eaneer in the UK, according to the nation's two major cancer charities.

There are an estimated 39,500 new cases of breast eaneer diagnosed each year, compared to lung cancer which affects an estimated 38,900 people.

The Imperial Caneer Research Fund and the CRC say that the decline in lung eaneer reflects the falling number of male smokers but the increase in breast cancer is less easily explained. It may be due to women having children later in life.

For more information: British Journal of Cancer 2001; 85(9): 1280-1288 www.crc.org.uk

Statins/ fibrates: handle carefully

A locum pharmacist has queried a statement in a recent *Pharmacy Update* article that all the statins are contra-indicated for prescribing with fibrates (C&D, October 20, p21-24).

The author, Dunean Petty, writes: "The statement is not strictly correct. In the *Electronic Medicines Compendium*, the manufacturers of pravastatin (Lipostat) recommend avoiding the combination. For atorvastatin (Lipitor), fluvastatin (Leseol) and simvastatin (Zocor), the manufacturers list the combination as a caution under "Special warnings and special precautions".

So, strictly speaking, not all statins are contra-indicated with fibrates. But I would not recommend that GPs prescribe the combination unless the patient is under the earc of a specialist, such as a diabetologist or chemical pathologist, or unless the GP has specialist expertise in the treatment of hyperlipidaemias."

Smoking linked to other disorders

Dependence on nicotine, alcohol and drugs is associated with an increased risk of other psychiatric disorders, according to a study in this month's *British Journal of Psychiatry*.

A household study of more than 10,000 people in England and Wales revealed that 22 per cent of nicotine dependent, 30 per cent of alcohol dependent and 45 per cent of the drug dependent population had one or more psychiatric disorders compared with 12 per cent of the pon-dependent population.

The highest prevalence rates for two or more psychiatric disorders were found among the drugdependent group where 12 per cent had more than one disorder compared with 1 per cent of the non-dependent population.

For more information: www.rcpsych.ac.uk
Tel: 020 7235 2351.

Vitamin D may help prevent diabetes

Dietary supplements of vitamin D may reduce the risk of type I diabetes, according to a new study in *The Lancet*.

In more than 10,000 children born in Finland receiving regular vitamin D supplementation the risk of developing type I diabetes was less than in those who received no regular supplements. Vitamin D acts as an immunosuppressive agent *in vitro* so may prevent the autoimmune destruction of insulin secreting beta cells in the panereas, suggest the authors.

For more information:

www.thelancet.com The Lancet 2001;358:1500-1503

EMEA updates advice for Remicade use

The European Agency for the Evaluation of Medicinal Products (EMEA) has issued guidelines on the use of Remicade (infliximab).

Preliminary findings from a study of congestive heart failure show higher incidences of mortality and hospitalisations for worsening heart failure in patients treated with Remicade.

Pending further evaluation, the EMEA says that:

Doctors must not initiate
 Remicade therapy for patients

with congestive heart failure

Doctors should review patients
with congestive heart failure
currently receiving Remicade.

Remicade, a monoclonal antibody indicated for Crohn's disease and rheumatoid arthritis, was implicated in another drug warning last month. Postmarketing surveillance revealed that eases of tuberculosis, histoplasmosis, listeriosis or pneumocystosis have been seen in patients receiving Remicade.

Cyprotero in OCs increase clot risk

Oral contraceptives containing cyproterone may be associated with an increased risk of venous thromboembolism, according to a research letter in *The Lancet*.

In a small study of 26 women taking contraceptives containing cyproterone or levonorgestrel, the risk of VTE was three-fold in those taking cyproterone. After adjusting for factors including body mass index and smoking, the risk increased to four-fold for cyproterone users compared to those taking levonorgestrel. The duration of exposure to either drug did not affect the risk estimates.

The authors say the results are in agreement with other previous small studies into OCs containing cyproterone.

For more information:

The Lancet 2001;358:1427-1429.

Why should she settle for less the Complete?



Now you can offer the Complete answer to thrush, anything less is not enough. Canesten Complete ensures resolution infection and relief symptoms plus the comfort of cream. So who can offer today's woman what she wants and needs?

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clotrimazole

Product Information for Canesten® Complete Cream. Presentation Canesten® Complete Cream A prefilled applicator (5g) of cream containing clotrimazole 2% w/w. Indications: Treatment of candidal vaginitis and associated candidal vulvitis. Dosage and Administration Adults: Insert the contents of the filled applicator (5g) intravaginally and apply the cream to the vulva and surrounding area two or three times daily and rub in gently. Children: Paediatric usage is not recommended. Contra-indications: Hypersensition clotrimazole. Warnings and Precautions: A physician should be consulted if this is the first time the patient has experienced symptoms of candidal vaginitis or if any of the following area applicables when two infections of candidal vaginitis in the last six months; previous history of or exposure to partner with a sexually transmitted disease; pregnancy or suspected pregnancy; agal under 16 or over 60 vers. Known hypersensitivity to imidazoles or other vaginal antifungal products. Medical advice should be sought if the patient has any of the following symptoms: irregular vaginal bleeding, abnormal vaginal or dysuria; any adverse events such as redness, irritation or swelling associated with the treatment; fever or the patients have a visually distributed in the patient should consult their doctor. This product may damage latex contracted a contracted with the treatment; fever or the patients should use alternative precautions for at least five days after using it. Side-effects: Rarely, local mild burning or irritation immediately after use. Hypersensitivity reactions may occur the prescription of mechanical trauma. Cost: £9.89 MA Number: PL 0010/0136 and PL 001.2017. MA Holder: Bayer plc, Consumer Care Division, Newbury, Berkshire RG14 1JA. Legal Category: P. Date of Preparation: May 2001.



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Introducing ETP - further thoughts on choosing the right model

We read with interest the article by Sultan Dajani on e-pharmacy entitled ETP Heading For A Crash? (C&D October 20, p34). We would like to correct some factual inaccuracies about the SchlumbergerSema consortium. We would also like to add our thoughts on ETP.

The members of the SchlumbergerSema consortium are SchlumbergerSema, National Co-operative Chemists, Boots The Chemists, Microsoft and Cable and Wireless. It's important to note that Egton Medical Information Systems is working with all consortia to provide the interface with GP systems, not just the Pharmacy2U consortium.

We have recently announced that the SchlumbergerScma consortium will be known as "Flexiscript". We have chosen this name because we are confident that the system we are putting forward offers flexibility for patients, and also provides the capability for additional functionality.

The article describes the benefits and disadvantages of the different models, and says that the relay system "gives patients more choice and is not as GP dependent".

The system depends on GPs to generate prescriptions, which arc then sent automatically to the central relay. The patient is free to choose the pharmacy that is most convenient to them.

They can then ask the pharmacist at that pharmacy to "pull" the prescription down from the central relay and dispense it.

The article mentions concerns that if connections to the server broke down, patients might not receive their medication. The Flexiscript model has anticipated this and made contingency provision.

The system has been developed with built-in resilience to ensure that connections do not fail. The central server is housed in a secure data store where information is "mirrored"

There is also provision for

uninterruptable power supply and multiple network connections.

The article proposes that "the relay model is not much different to the current paper-based system", and that it "does not necessarily improve access or save time for the patient or pharmacist".

Again, there are two points to make. Firstly, when GPs send the prescription to the relay, they can add a message to the pharmacist. This has the potential to reduce phone calls with queries on the prescription.

Secondly, patients can save time by phoning ahead to any participating pharmacy to ask it to pull down the prescription.

It's important to note that the relay model can incorporate the additional services that arc key to the future of community pharmacy.

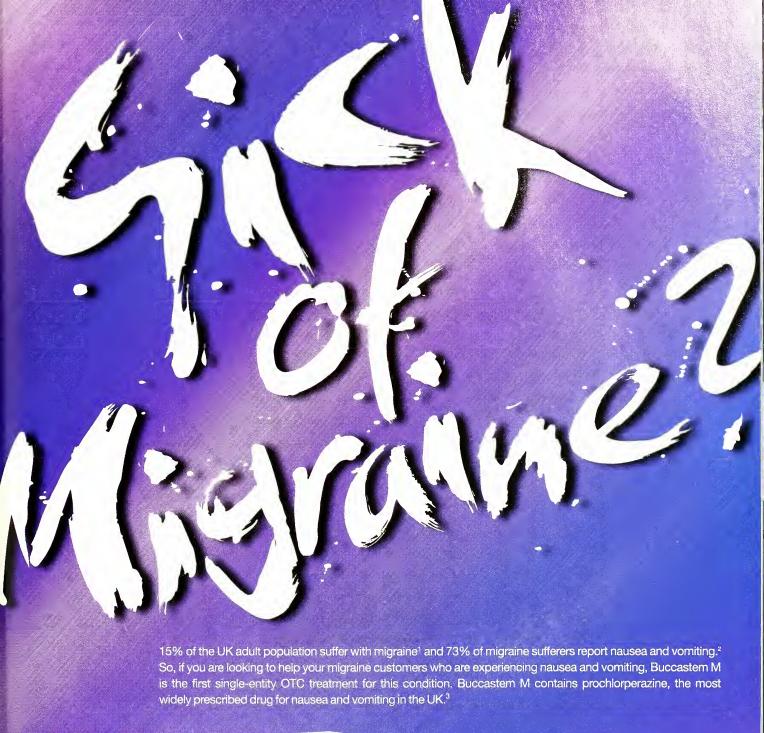
It can accommodate repeat dispensing, medicines management, and facilitate access by pharmacists to electronic patient records. These are functions that Mr Dajani believes can only be delivered through EDI. At Flexiscript, we believe that the relay model is capable of delivering these benefits; however, we are very clear that the initial pilot will solcly concentrate on the requirements of the Department of Health to automate the existing process.

Mr Dajani points out that there may be different c-prescribing systems across the UK. It is interesting to note that the e-prescribing system to be implemented in Scotland will be the relay model, because it provides the additional capability and flexibility that is needed.

If a relay model is also adopted in Wales and Northern Ireland, and a push model adopted in England, it will be England that will be incompatible.

Hilary Baseley, pharmacy Development manager Flexiscript.





1/4//



Buccastem® M Giving you a head start in the treatment of migraine-associated nausea and vomiting

ESSENTIAL INFORMATION BUCCASTEM M

Active Ingredients: Each buccal tablet contains 3 0mg prochlorperazine maleate Ph Eur, Indications: For nausea and vomiting in preadults aged 18 years and over. Dosage Instructions: Adults aged 18 years or over: one or two tablets twice daily. The tablets should b
upper lip and the gums to either side of the front teeth. There is no evidence that dosage needs to be modified for the elderly. Children

No: BU10/01. Buccastern is a registered trademark.

References: 1. Mintel, December 2000. 2. Dawson and Jagger. The UK Migraine Patient Survey: Quality of Life and Treat paper 2024. 3. Medical Data Index.

Peter Cattee. managing director of Peak Pharmacy, weighs up the benefits of remerchandising versus a full refit

> **Neptune Health** Park, designed by Spellar/ Alexander King, offers a completely different way of operating pharmacy in the new millennium



Follow the Green Cross Code

The adoption of the Green Cross as the universal symbol for community pharmacy has been a huge success in that they can now be easily identified, even from a considerable distance.

Like many pharmacists, whenever I am travelling, and particularly to the frustration of my wife and children when on holiday, the sighting of such a sign is an irresistible draw to "just go and have a look"

This interest partly stems from the hope of gaining from someone else's experience - perhaps a particularly good window display, or a clever promotional offer.

But I suspect there is also the decper desire we all have to compare another business with

Therefore, I am always looking for that initial impression, the one formed by customers on their first visit to a pharmacy and reinforced by their subsequent visits.

My overriding initial impression of many pharmacies is that they have too much stock in them – and that a significant proportion of them have a "tired" look about them.

Considering that all major retailing organisations give a lot of thought to maintaining a modern appearance -how frequently

should a pharmacy refit its premises?

There is no easy answer, but a simple test can be applied. First, though, you need to clear your

This is best done by carrying out a simple assessment of one or two local pharmacies.

What is the single initial impression you get when you first see the premises?

Is it good, acceptable or unacceptable?

Similarly, does the interior of the shop reflect the modern standards of retailing?

Is it well-lit, clean, welcoming? The next part is slightly harder - carry out the same process on your own business. Having assessed someone else's business

"What is the single initial impression you get when you first see the premises?"



"Make sure that you are putting out the right message to the world by your external appearance"

you should find it easier to be objective when making the same judgements on your own pharmacy.

Does the shopfront, which you've always been meaning to gct painted, really inspire confidence that you have a professional attitude to your work?

Does your inability to replace missing letters in a damaged sign indicate your ability to organise anything else?

What could be more important than appearance to anyone who has never entered your pharmacy?

Before you even think about what to do with the inside of your shop, make sure that you are putting out the right message to the world by your external appearance.

The standards in your locality will vary, and obviously you should not be too far out of tune with them. But it is not unknown to see a pharmacy actually appearing to be the dowdiest unit in a parade of shops.

Given the nature of the work, and the turnover in a pharmacy compared with many other businesses, this is obviously inexcusable and can only be seen as a serious error in judgement.

So, when do you decide that those 1970s metallic grey shelves, orange back-panels and illuminated pelmets bearing the alluring legend "babycarc", or the equally inspiring "sundries" ought to be consigned to the skip, or the stockroom?

If you have flock pełmets, a chequer-board pattern of carpet tiles and flashy illuminated perfume cases (much beloved of shopfitters for some reason) then is it at least time for a makeover?

This is a more difficult question, because as long as you have bought a reasonably flexible and durable shelving system, the only fault that your pharmacy may well be displaying could be image fatigue.

We all know that our tastes change, although we can't say exactly when or why; unfortunately the same is true for pharmacies.

While I am tempted by the "it's only shelving" argument, in reality the attendant atmosphere

created by use of colour, by flooring and especially nowadays by lighting, can undoubtedly turn our everyday shopping trip into a "retail experience"

Visit any of the larger shopping malls such as Meadowhall (Sheffield), or the Trafford Centre (Manchester) or Lakeside (Essex) and you will find a series of very carefully, and on the whole skilfully constructed approaches to defining a unique customer offering through appearance.

Some of these shops just look brilliant, regardless of your opinion of what they sell.

There is an important lesson to be learned here. I believe it is the overall display and presentation of the stock that is so important, more important than the price it quite often seems, but that is another matter.

Having said that, before you consider the extreme expense of starting from scratch, does it make more sense to adapt what you already have by re-arranging your fixtures in novel Z-A order, replacing the fitted ceiling tiles with something a bit cleaner, and adding some more feature lighting.

Could the introduction of a different colour scheme create a fresh image? should all back panels be re-sprayable/coverable?

If you remember my other initial response to observing pharmacies, that the majority of them appear to be trying to stock more lines than is possible given the space available, probably more important than anything is to plan and understand your stock range.

When you understand your stock, and have considered its merchandising, then the next thing to consider is refitting your pharmacy.

Whilst you will want to introduce some flexibility in your refit you must remerchandise first and then plan your layout, not the other way around.

We will look at stock more closely in the next article, particularly to consider a category approach. We will also try to ensure that we achieve an acceptable rate of stock turnover.



Your customers who know about their sinus condition



Your customers who don't

Brace yourself for a real Pharmacy opportunity. 78% of people who suffer from sinus-like symptoms don't even realise that sinuses could be involved*, even though their symptoms strike on as many as 80 days a year!* As a pharmacist, you're ideally positioned to provide advice and make an appropriate recommendation. Thankfully, you can rely on the Sudafed range, which now also includes new Sudafed Dual Relief Max. Its double action provides maximum strength relief from nasal congestion and sinus pain, thus providing dual relief for your customers and you. *Ipsos-RSL, 2001





Pseudoephedrine, Ibuprofen

Pseudoephedrin

Sudafed Dual Relief Max. Presentation: Tablets containing Pseudoephedrine HCI 30mg, and Ibuprofen 200mg. Uses: Symptomatic relief of cold and flu symptoms including nasal & sinus congestion with headache, pain of fever. Dosage: Adults and chade is over 12 yrs. 1 or 2 tablets every 4-6 hours, max 6 per 24 hours. Under 12 yrs: Not recommended Contra-indications: Hypersensitivity, heart disease, circulatory problems, kidney disease, pepti ulcers, hypertension, diabetes, placed insuracytoma, closed angle glaucoma, concurrent or recent use of tricyclic antidepressants, or use of MAOIs in the past 2 weeks, allergy to aspirin or other NSAIDs, pregnancy, lactation Precautions: Caution in asthma, byroad disease, prostatic hypertrophy, renal or hepatic impairment. Side effects: Hypersensitivity, insomnia, dizziness, excitability, anxiety, tremor, palpritations, dry mouth, nausea, dyspepsia, Gilbeding, loss of appetite, thirst, skin taria, che rooss, and less frequently muscle weakness, difficulty in micturation, hallucinations and thrombocytopenia. SRP (ex VAT): 125: E2.54, 24s: E3.99, Legal category: P. P. holder Whitehall Laboratories, Hintercombe Lane South, 3-1 years SL6 OPH Further information is available from: Warrer Lambert Consumer Healthcare, Chestnut Avenue, Eastleigh, SO53 32Q. PL number: 00165/0109 Date: September 200

Sudafed Tablets Presentation: Contains 60mg Pseudoephedrine Uses: relief of nasal congestion. Dosage: Adults and children over 12 years: 1 tablet every 4 – 6 hours up to 4 times a day. Contra-indications: Hypersensitivity, severe hypertension or coronary artery disease, and patients who have taken MAOIs within 14 days. Precautions: Caution in hypertension, heart disease, diabetes, hyperthyroidism, elevated intraocular pressure, & prostatic enlargement. Caution with anti-hypertensive drugs, tricyclic antidepressants and sympathomimetic agents, and severe renal or hepatic importment. Caution during pregnancy and lactation. Side and adverse effects: Sleep disturbance and rarely hallucinations. Skin rashes have occasionally been reported. SRP (ex-VAT): 12s: £1.69, 24s: £2.89 Legal category: P. P. holder: Warner Lambert Consumer Healthcare, Chestnut Avenue, Eastleigh, SO53 32Q. P. Number: tablets. 15513/0024 Date of preparation: October 2001.



Pharmacyuodale

Last week *Mike Ellis-Martin* looked at common candida infections in community practice. Here he outlines the more serious problems caused by this often under-diagnosed fungal infection

Candida in depth

Candidiasis can affect any part of the body. As discussed in the previous article (C&D Pharmacy Update, November 3, p19), it is an almost ubiquitous organism, which will take advantage of weakness in the immune system.

These weaknesses occur most frequently in the chronically sick or immunologically compromised and can lead to potentially fatal complications.

Much candidiasis goes unrecognised, often discovered only at post-mortem. The reason is that positive differential diagnosis is difficult to determine in most cases. Sadly, it is a condition that may strike even before birth.

Neonatal and congenital candidiasis

Congenital candidiasis acquired in utero is usually confined to the skin, in the form of a generalised erythematous vesicular rash. However, intrauterine candidiasis may also result in abortion.

The main determinants for systemic candidiasis in neonates are low birthweight and age, prolonged intravascular catheterisation and the use of antibiotics. Blood cultures are often positive and there is a high incidence of meningitis. There may be renal complications because of fungus ball formation in the ureters or renal pelvis.

Ocular candidiasis
Candida endophthalmitis most

usually occurs with candidaemia, indwelling catheters or drug abuse. Patients may complain of cloudy vision, as the lesions are often localised near the macula. Exogenous candida endophthalmitis is rare, but cases have been reported following eye trauma or surgery. Similarly, conjunctival and corneal infections

Practice point: any patients complaining of cloudy vision should be immediately referred to their doctor.

have also been recorded following trauma.

• Oesophageal candidiasis Oesophageal candidiasis is frequently associated with AIDS and severe immunosuppression following treatment for leukaemia or solid tumours. It may be a result of antibiotic treatment or high salivary glucose concentrations because of diabetes mellitus. Concomitant oral candidiasis is often present.

Symptoms include burning pain in the substernal area, dysphagia, and nausea and vomiting. The clinical diagnosis relies on radiological and endoscopic findings, which usually show white mucosal plaques with erythema resembling those seen in oral candidiasis. Herpes simplex or

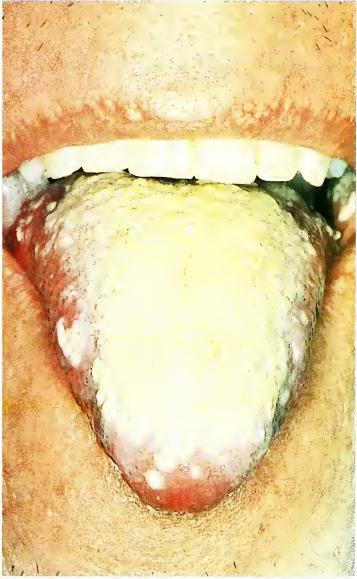
cytomegalovirus (CMV) infection may also be present.

Gastrointestinal candidiasis
 Patients with acute leukaemia or other haematological malignancies

Practice point: severe or intractable sore throat may signal progression from HIV to clinical AIDS. may have numerous ulcerations of the stomach and, less commonly, the duodenum and intestine. Perforation can lead to peritonitis and infection via the blood to the liver, spleen and other organs.

The colonisation and invasion of

Continued on page 24



Severe oral candidiasis, showing a thick, creamy coating over the lyngue. Candidiasis (thrush) is an infection caused by a yeast-like fungue, resultly Candida albicans

Table 1. Restrictor in elements cancillasis

- Newborn babies
- Neutropenia (especially chronic)
- Haematological or tumour malignancy
- Post-surgical intensive care patients
- Prolonged intravenous catheterisation
- Antibiotic therapy
- Diabetes mellitus
- Parental nutrition
- Severe burns
- Corticosteroid therapy
- Intravenous drug abuse

Pharmacyupdate

Continued from page 23

the stomach or intestinal mucosa is often indicated by the excretion of large numbers of yeasts, which may be detected in stools.

• Pulmonary candidiasis Pulmonary candidiasis can be acquired by either dissemination via the blood or by spreading from an oropharyngeal infection. Babies may even get this infection by breathing in yeasts from the oral cavity.

Pulmonary candidiasis is

Practice point: patients with persistent coughs resistant to antibiotics may be suffering pulmonary candidiasis

Lancon Common Co

Many different tissue samples from the body and indwelling catheter tips are used to detect candida. These are then studied under the microscope directly, or cultured; colonies are typically white to cream coloured with a waxy surface.

A positive culture from blood, or other sterile body fluid, or tissue biopsy, should be considered significant. However, positive cultures from non-sterile specimens such as sputum samples are of little diagnostic value. Similarly, culture of skin or mucous membrane lesions without supporting evidence from direct microscopy is not diagnostic.

Candida species are commonly isolated from the mouth, vagina, anus, and – less often – moist skin surfaces of people who do not have candidiasis.

Various serological procedures have been devised to detect the presence of candida antibodies, ranging from immunodiffusion to more sensitive tests such as counter immunoelectrophoresis (CIE), enzyme-linked immunosorbent assay (ELISA), and radioimmunoassay (RIA).

However, these are often negative in the immunocompromised patient, especially at the beginning of an infection.

The interpretation of serological tests for candida, especially in the new openic patient, is often difficult and must be correlated with other diagnostic methods. False-negatives and false-positive results do occur.



Close-up of the mouth of a two-month old boy with oral candidasis (thrush). Oral thrush is relatively common in infants and is treated with an anti-fungal drug such as nystatin

difficult to diagnose and most sufferers are only discovered at post-mortem examination.

The presence of yeasts in alveolar lavage or sputum specimens is not specific and blood cultures may be negative.

Unfortunately, only histopathology can provide a definitive diagnosis and this is not always possible in patients with coagulation problems.

Peritonitis

Candida peritonitis can result from colonisation of indwelling catheters used for peritoneal dialysis (CAPD) or gastrointestinal perforation due to ulcers, diverticular colitis, surgery or intra-abdominal tumours.

Symptoms include fever, abdominal pain and tenderness.

Candida peritonitis usually remains localised to the abdominal cavity unless patients are severely immunosuppressed.

• Urinary tract candidiasis Transient asymptomatic candiduria may occur during antibiotic or corticosteroid treatment. This promotes the growth of candida throughout the gastrointestinal and genital tracts. Most lower urinary tract infections result from local spread of yeasts from these sites. This condition is most common in women.

Candida cystitis or bladder colonisation may be caused by:

- prolonged catheterisation with antibiotic treatment
- diabetes and glycosuria
- previous bladder endoscopy
- surgery
- pelvic irradiation for cervical cancer.

Renal candidiasis (pyclonephritis) is usually the result of either an ascending infection or, more frequently, the infection spreading from another organ via the bloodstream.

Symptoms include fever, rigors, lumbar pain and abdominal pain.

The development of a fungus ball in the renal pelvis, although rare, may complicate the infection. Predisposing factors for this include constriction of the urinary tract, papillary necrosis, urethral or bladder catheters and diabetes. The vast majority of patients with disseminated candidiasis also have renal infection and associated candiduria. Urine cultures alone are not a reliable method for diagnosis of disseminated infection.

The practical problem in a patient with candiduria is to distinguish between colonisation and/or contamination and infection.

Meningitis

Candida meningitis is rare, predominantly seen in low birthweight babies with septicaemia and in patients with haematological malignancies.

Symptoms include fever as a result of irritation of the meninges.

 Hepatic and hepatosplenic candidiasis
 Hepatosplenic candidiasis occurs in patients with severe neutropenia, usually acute

leukaemia.

Symptoms include fever,
hepatosplenomegaly and
increased blood concentrations of
alkaline phosphatases.
Histopathology shows

Continued on page 26



PLUS pharmacy-strength

PLUS Nurofen, the No1 name in pain relief'

Product information. Nurofen Plus: Each tablet contains 200mg ibuprofen Ph Eur and 12.8mg Codeine Phosphate Ph Eur. Indications: For the relief of pain in such conditions as rheumatic and muscular pain, backache, neuralgia, migraine, headache, dental pain, dysmenorrhoea, feverishness, symptoms of colds and influenza. Dosage and Administration: Adults and Children over 12 years: one or two tablets every four to six hours. Do not take more than 6 tablets in 24 hours. Not for use by children under 12 years of age. Elderly: No special dosage modifications are required unless renal or hepatic function is impaired, in which case dosage should be assessed individually. Contraindications: Patients with existing, or a history of, peptic ulceration. Hypersensitivity to any of the constituents, aspirin or other non-steroidal anti-inflammatory drugs (NSAIDs). Patients with a history of bronchospasm, rhinitis, urticaria, associated with aspirin or other NSAIDs. Hypersensitivity to codeine, respiratory depression, chronic constinution. Precautions and Warnings: Caution is required in patients with renal, cardiac or

hepatic impairment. In patients with renal impairment, renal function should be monitored since it may deteriorate following the use of NSAID. Bronchospasm may be precipitated in patients suffering from, or with a previous history of, bronchial asthma or allergic disease The elderly are at an increased risk of consequence of adverse reactions. Undesirable effects may be minimised by using the minimum effective dose for the shortest possible duration. Should be used in caution in patients with hypotension and/or hypothyroidism. The tablets should be used in caution in patients with raised intracranial pressure or head injury. The label states: Do not use if you have a stomach ulcer or are allergic to ibuprofen (or any of the ingredients of the product) or aspirin. If you are allergic to or are taking any other painkiller, pregnant, or suffer from asthma, speak to your doctor before taking Nurofen Plus. Do not exceed the stated dose, keep out of the reach of children, if symptoms persist consult your doctor. Side Effects: Hypersensitivity reactions have been reported following treatment with ibuprofen. These may consist of (a)

non-specific allergic reaction and anaphylaxis, (b) respiratory tract reactivity comprising of asthma, aggravated asthma, bronchospasm or dyspnoea, or (c) assorted skin disorders, including rashes of or dyspnoea, or (c) assorted skin disorders, including rashes of various types, prunits, urticaria, purpura, angiodema and, more rarely bullous dermatoses (including epidermal necrolysis and ervitema multiforme). Gastro-intestinal - abdominal pain, nausee and dyspepsia Occasionally peptic ulcer and gastro-intestinal haveoing. Renal - papillary necrosis which can lead to renal fadure Charshepatic dysfunction, headache, dizziness, hearing distable of Marchy thrombocytopenia. Side effects of codeine include transpation, respiratory depression, cough suppression, nausee and frousiness. Product Licence Number: PL 03270082 Licence Plother Crockes Healthcare Limited, Nottingham NG2 3AA Legal Category: P Price: MRRP: 12's: £2.45, 24's: £4.65, 48 s: £6 1⁴ 72's, £9.99. Date of Preparation: October 2001. Reference: 1. LR data MAT March

Reference: 1. I.R. data MAT March 2001 Value and Volume. NFN 341

CROOKES

harmacyupoate

Continued from page 24

diffuse lesions or abscesses eontaining small numbers of pseudohyphae.

A definitive diagnosis is often difficult because of the inability to biopsy these patients adequately and the fact that cultures are often negative.

Endocarditis, myocarditis and pericarditis

Endocarditis is the most common form of cardiac candidiasis. The most common predisposing factors are valvular disease, valve prosthesis with concomitant intravenous catheterisation and antibiotic treatment, intravenous drug abuse and heart surgery. The most common causative organism for infection in addicts is C Parapsilosis, whereas for prosthetic valve infection it is C Albicans.

Clinical symptoms include fever, murmur, congestive heart failure, anaemia and splenomegaly. Blood cultures are often positive and cchocardiology and serology for the detection of candida antibodies (immunodiffusion precipitin tests) are other useful diagnostic procedures, particularly if preoperative results are available for comparison.

Myocardial abscesses, arterial emboli and purulent pericarditis are additional rare complications of candida septicaemia or surgery.

🔵 Candidaemia (candida septicaemia) and disseminated candidiasis Candidaemia has been defined as the presence of yeasts in the blood with or without visceral involvement. Tiny abscesses may then occur in other organs as a result of spreading in the bloodstream.

Candida species have been reported to cause up to 15 per cent of cases of scpticacmia seen in hospital patients.

A characteristic presentation is antibiotic resistant fevers in the neutropenic patient with tachycardia and dyspnoea. Hypotension is also common and skin lesions may occur.

When yeasts are isolated from blood or from tissue biopsies a diagnosis is straightforward, but this is not often the case. Blood cultures often remain negative even in patients dying from proven disseminated candidiasis, especially in the granulocytopenic patient. Specific, reliable serological tests are still not generally available.

🔊 Osteoarticular candidiasis Arthritis may occur in infants or

neutropenic patients who previously suffered candidaemia. Prosthetic or rheumatoid joints arc also prone to infection by candida.

Infection may occur as a result of spreading via the circulation or by direct inoculation during surgery or intra-articular corticosteroid injection.

The knee is the main site involved, with pain on weight bearing or on full extension. The diagnosis depends on the isolation of yeasts from joint fluid obtained by needle aspiration or from synovial biopsies.

Chronic mucocutaneous candidiasis

This is a form of persistent candidiasis, usually caused by C albicans, of the skin, nails and mucous membranes. It occurs in patients because of a defect of Tcell function, which specifically affects the ability to fight off candida infection.

Other causes include defects in leukocyte function or endocrine disorders such as hypoparathyroidism, Addison's disease, diabetes, thyroid dysfunction and polyglandular autoimmune disease. The patients are usually children.

Candida granuloma is a severe localised form, which may occur with or without endocrinopathy. It is characterised by marked hyperkeratic granulomatous lesions.

Other forms of candidiasis

Candidiasis is an iatrogenic, nosocomial infection. Because it is usually endogenous in origin many other clinical manifestations may occur, especially in the debilitated patient.

Examples include the cutancous, ocular and arthritic manifestations reported in heroin addicts; fever, rash and myalgia associated with leukaemia patients; candida cholecystitis; candida prostatitis; pancreatic abscesses; epiglottitis and ostcomyelitis.

Candiduria

A practical problem in patients with candiduria is to distinguish between lower urinary tract colonisation and renal infection.

The treatment for cystitis or bladder colonisation in patients without indwelling catheters would be similar to that for oral candidiasis in the AIDS patient in that the drug of choice would be oral fluconazole (200-400mg/day for two to four weeks).

However, in patients with

indwclling urethral catheters continuous bladder irrigation with amphotericin B (50mg/l/day for five to seven days) is often successful.

For renal candidiasis systemic antifungal therapy with either amphotericin B (0.3-1.0 mg/kg/day), with or without flucytosine (150mg/kg/day) or fluconazole (200-400mg/day) has been used, often in combination with local irrigation of the renal pelvis and surgical removal of obstructions.

Prophylax s in AIDS

As already mentioned, AIDS patients with a history of oropharangeal candidiasis usually require intermittent prophylaxis with fluconazole.

For some, the usc of prophylaxis in the neutropenic patient remains controversial.

But with the increasing number of life threatening fungal infections, especially due to candida, it is clearly warranted in some patients such as those undergoing bone marrow transplantation, patients with acute leukaemia undergoing remission induction chemotherapy and patients receiving intensive cancer chemotherapy.

in summary

Candida is a widespread organism, present in a large proportion of the population, often with no ill cffects. For most people it causes irritating but not serious problems, but for the immunocompromised patient it poses a severe threat, a threat that is often difficult to diagnose accurately.

The community pharmacist must be alcrt to the possibility of infections resistant to antibiotics being caused by fungal infections, particularly candida.

Further reading

Medical Mycology Ajello L and Hay R.J. Topley & Wilson's Microbiology and Infections 9th Edition 1997

Yeasts: Characteristics and Identification. Barnett et al 1990 Cambridge University Press Candida and Candidosis Odds, F.C. 1988 2nd Edition Bailliere Tindall, London

Mike Ellis-Martin has been a community pharmacist since 1988 and also practises as a clinical hypnotherapist. He did some intensive research into candida on behalf of the mother of a young patient with chronic mucocutaneous candidiasis.

As it is often not possible to correct the underlying conditions that would prevent candidiasis in immunosuppressed patients, infections are usually more severe and require aggressive treatment.

Oral fluconazole (100-400mg/day for one to two weeks) is currently the drug of choice for controlling oropharangeal candidiasis in AIDS patients.

However, indefinite maintenance treatment with fluconazole (150-300mg/week) is required, and intermittent dosing depending on symptoms has now been advocated to prevent the emergence of fluconazole resistant strains of C albicans.

Neutropenic patients with invasive candidiasis require high dose amphotericin B treatment (1mg/kg/day), often given in combination with 5-flucvtosine (150mg/kg/day).

When using 5-flucytosine, blood levels should be monitored and antifungal susceptibility

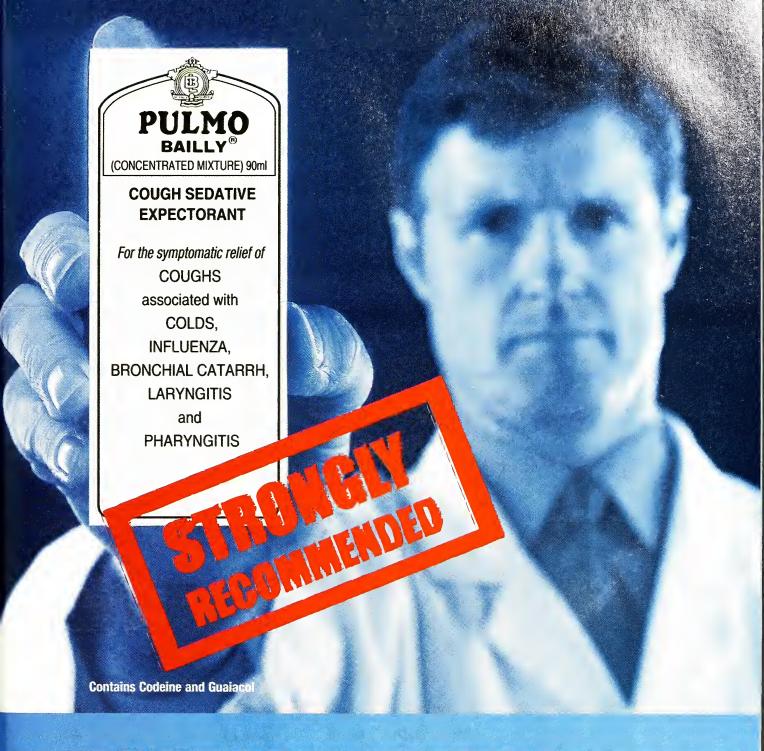
tests performed.

These patients present a major diagnostic problem for the doetor, primarily due to the inadequacies of current diagnostic methods. Thus empirical treatment with amphotericin B is usually initiated in patients with persistent antibacterial resistant fever for longer than 72-96 hours duration.

High dose fluconazole (400-800mg/day) and liposomal amphotericin B (3-5 mg/kg/day) have also been used with success, especially in cases of hepatosplenic candidiasis.

More recently, fluconazole combined with 5-flucytosine and fluconazole with amphotericin B have been used to treat some patients with systemic candidiasis. In addition, haematopoietic growth factors such as G-CSF, GM-CSF and M-CSF have been used to stimulate neutrophil and/or monocyte-macrophage production in order to boost the host immune system.

The Royal College of Nursing and the British Dental Association have clear guidelines for dealing with AIDS patients, to reduce the risk of infection.



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taken with water three times daily before meals. A further 2 teaspoons should be taken at bedtime recourage undisturbed sleep. Elderly As adult docage unless hepatic or repair destination to be taken as above. Not recommended for children under 5 years of age. Procautions and warnings: 50 not exceed the stated docs. Not recommended for children under 5 years of age. Procautions and warnings: 50 not exceed the stated docs. Not recommended for children under 5 years of age. Procautions and warnings: 50 not exceed the stated docs. Not recommended for children under 5 years of age. Procautions and warnings: 50 not exceed the stated docs. Not recommended for children under 5 years of age. Procautions and warnings: 50 not exceed the stated docs. Not recommended for the process of the stated docs of the stated docs of the stated docs. Not recommended for 5 days or longer. Consult a doctor before using Pulmo Bailly with other medications. Should be user of the patients with a history of alcoholism, hepatic, renal or respiratory dysfunction, ulcerative coults or prostatic hypertrophy. Prolonged use of codeline containing products can lead the another the use of Pulmo Bailly in patients with chronic bronchits or bronchiet asis may result in retention of bronchial secretions. Prolonged use of codeline containing products can lead the another the use of pulmo Bailly in patients with chronic bronchite asis may result in retention of bronchial secretions. Prolonged use of codeline containing products can lead the another the use of pulmo Bailly in patients with chronic bronchite or bronchiet asis may result in retention of bronchial secretions. Prolonged use of codeline containing products can lead the another the use of pulmo Bailly in patients. Severe respiratory dysfunction, the pulmo p



Marketwatch

Scriptines

Nasal spray for bone loss

Novartis has launched Miacalcic (a synthetic salmon calcitonin) 200iu nasal sprav.

It is licensed for the treatment of established post-menopausal osteoporosis and is recommended in conjunction with an adequate calcium and vitamin D intake.

Miacalcic inhibits osteoclast activity and reduces bone turnover in conditions with an increased rate of bone resorption, such as osteoporosis. The recommended dose of 200iu per day is delivered in one metered dose. The nasal spray must be primed before first use. Nasal examinations should be performed before treatment begins.

Systemic allergic reactions may occur because salmon calcitonin is a peptide. Patients must be warned that Miacalcic may cause central nervous symptoms, which prohibit driving.

Local side effects include rhinitis, unspecified nasal symptoms, ulcerative rhinitis and sinusitis. Systemic side effects include flushing, dizziness and headache.

It must be stored at 2-8°C before opening. Once opened it can be kept at room temperature and must be used within four weeks. The bottle must be stored upright.

For more information:

Price: £20.99 Pack size: 2ml, 14 doses Pip code: 282-6972 Novartis Pharmaceuticals Tel: 01276 692255.

Seroxat extends licence

The licence for Seroxat (paroxetine) has been extended to include generalised anxiety disorder at a starting and recommended dose of 20mg per dav.

For more information:

SmithKline Beecham Pharmaceuticals Tel: 01707 325111.

Fenbid Forte returns

Fenbid Forte (ibuprofen) 10 per cent get is back in stock from this week.

For more information:

Goldshield Healthcare Tel: 0208 649 8500.

Frontshop

Buccastem M tackles migraine head on

Following a POM to P switch for prochlorperazine maleate buccal tablets, Reckitt Benckiser Healthcare is launching its 3mg buccal tablets in an OTC pack under the brand name Buccastem M.

Buccastem M is licensed to treat nausea and vomiting associated with migraine. Each buccal tablet contains 3mg prochlorperazine maleate Ph

The product should only be used when a doctor has previously diagnosed migraine. A dose can be given even when the patient is vomiting.

Placed between the gum and the



through the buccal mucosa, thus avoiding the effects of gastric stasis, first pass metabolism in the liver and the disadvantages of oral preparations in the already nauseated migraine sufferer.

Dosage is one or two tablets twice daily for adults aged 18 and over. The product is not recommended for children and young adults under 18 years.

 Research suggests that up to 66 per cent of migraine sufferers choose not to consult their GP, for a number of reasons, including perceived lack of physician empathy. For this reason, sufferers rely on OTC medicines and advice from pharmacists.

Price: £4.99

Pack size: 8 tablets Pip code: 283-2590 Reckitt Benckiser Healthcare Tel: 01482 326151.

Caught in the act by fast action



GlaxoSmithKline is supporting Panadol ActiFast with a £2 million TV campaign.

The commercial is based on the idea of getting caught out doing something quite unexpected. A mother transforms herself into a younger model in order to flirt with the man next door, but is caught out when her daughter returns sooner than expected thanks to the fast action of Panadol ActiFast.

The three-week campaign, starting on November 12, will offer viewers the opportunity to take part in a competition via an interactive platform.

For more information:

GlaxoSmithKline Consumer Healthcare Tel: 020 8560 5151.

All you need to know about piles

Pfizer Consumer Healthcare is introducing a pharmacy training tool for its Anusol piles treatment.

Its Best Practice Guide, in partnership with the NPA, gives information to help pharmacy staff confidently identify the causes and symptoms of piles and to deal sensitively with embarrassed customers.

A new merchandising unit features a shelf extrusion to increase point of sale impact. A discreet credit card sized leaflet on piles is included.

As part of the Anusol training programme, pharmacy staff can enter a competition to win one of four electronic organisers worth £100.

For more information:

Pfizer Consumer Healthcare Tel: 02380 628274.



GSK discontinues Tagamet 100

Tagamet 100 (tablets 24) are to be discontinued by GlaxoSmithKline.

The company says the move is part of its strategy to concentrate on products that provide

competitiveness within the UK market.

GSK is now concentrating its investment in the heartburn and indigestion category with support for its Zantac 75 brand. For more information: GlaxoSmithKline Consumer

Healthcare Tel: 020 8560 5151.





A PAIN FOR GROWN-UPS TOO

Everyone knows how distressing wind can be in babies, but few people realise that adults too can suffer badly from trapped wind. Feelings of bloating, pressure and discomfort are often confused with indigestion, so your advice is essential to make sure they get the right treatment.

Setlers Wind-eze, with more active ingredient than other leading brands, is designed specifically for the symptoms of trapped wind.

Reach for Setlers Wind-eze, because there is no faster way to disperse trapped wind, without embarrassment.

Available in chewable tablets or gel capsules.



NO FASTER WAY TO COMFORT

Product Information. Presentations: Setlers Wind-eze - Simeticone Ph. Eur. 125mg in a white tablet and Setlers Wind-eze Soft Gel Capsules - Simeticone Ph. Eur. 125mg in a white soft gel capsules. Dosage & Administration 1 tablet Setlers Wind-eze to be chewed before swallowing, or 1 Setlers Wind-eze Soft Capsules. Gel Capsule, to be taken 3 or 4 times daily or as required after meals. Not recommended for children under 12 years. Uses: Antiflatulent defoaming agent for the symptomatic relief of flatulence, wind pains, bloating, abdominal distension and other symptoms associated with gastrointestinal gas. **Precautions**: Should not be used by patients with known hypersensitivity to any of the

ingredients. Do not use for longer than 14 days. Seek medical advice symptoms persist or worsen. May be used safely during pregnancy and what breast feeding. Legal Category: GSL. Cost (inclusive of VAT): Setlers Wingleze - £1.95 (10's), £3.45 (30's). Setlers Windleze Soft Gel Capsules (120's). Product Licence Numbers: Setlers Windleze - PL0036/0084, £etlers Windleze - PL0036/0073. Further Information: GlaxoSmithKline Consumer Healthcare, Wallis House, Great West Road, Brentford, TWB 9BD. Date of revision: Sept 2001. Setlers and Wind-eze are registered trademarks of the GlaxoSmithKline Group of Companies

Frontshop

Keep your cool and sparkle

Linco Care is launching an aftersun gel that combines aloe vera with a skin sparkler.

Calypso Glitter After Sun Gel (250ml) can be applied all over the face and body, either as a moisturiser, or as an after-sun treatment



Once it dries, the gel gives a sparkling sheen to the skin which can be washed off with soap and water

The product is aimed at the Ibiza-style club scene, but could also be suitable for the Christmas partygoer.

A Sun Protection Travel Pack containing three 75ml products has also been introduced in the Calypso range.

The pack is presented in a Perspex bag which contains two sun lotions (SPF 15 and SPF 8), plus an after sun lotion.

These products are designed to appeal to holidaymakers who are taking short breaks in the

Price: Glitter Gel £3.99; Sun Protection Pack £4.99

Linco Care Ltd Tel: 0161 777 9229.

More power, less noise

Salton Europe has developed a powerful yet quiet new hairdryer in its Carmen range.

The Carmen Silent Jet Hairdryer is designed to make 75 per cent less noise than a conventional hairdryer.

Features of the 1800W dryer include two speeds, three-heat settings and a styling nozzle for precision styling. A separate cool shot button provides cool air to help hold the style.

Additional features include nonslip pads and a removable air filter for easy cleaning. The dryer (model No 5146) comes in a stylish purple and silver design.

Price: £21.99 Distributor: Mashco plc Tel: 020 8204 2224



Beauty is skin deep

Vitabiotics is running a press, bus and underground poster campaign



for Perfectil in November and December. The ads feature a top model from the Premier Modelling Agency - Hannah C Perfectil is recommended by the agency because of its skin-enhancing properties.

The posters are appearing in 4,000 London Underground carriages. Perfectil banners also appear in London buses throughout November, followed by a press campaign in magazines, including New Woman, She, Company and Elle in December. For more information:

Vitabiotics Ltd Tel: 020 8795 9401

Cough, cold & flu FORECAST



KEY FACTS

The whole of the UK is now on Advisory

status

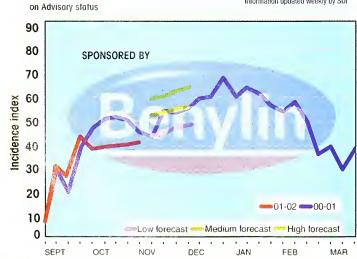
Key symptoms are cough and sore throat

Incidence levels of *chest* congestion have increased in the

All major cities are naw last week

Information updated weekly by SDI

Benvlin



Revion gives skin a lift

Revlon is launching a foundation specially formulated for older skin.

Revlon Age-Defying All Day Lifting Foundation is formulated to glide on easily to even out skin tone and texture.

The product is oil-free and contains soy extracts, vitamins A, C and E plus SPF 20 for UVA and UVB protection. Revlon claims that it reduces the appearance of lines by 13 per cent after one week, and by 30 per cent after two weeks.

The foundation comes in a pump bottle in a choice of six shades. Price: £11.99

Pack size: 35ml

Pip code: See C&D Price List Revion International Corporation Tel: 020 7284 8700.

Colour guru goes Wella

Wella is expanding its haircare product portfolio by teaming up with top hair colourist Daniel Galvin.

The company is taking over the manufacturing, marketing and distribution of the Daniel Galvin hair product range.

Wella says that the partnership will lead to the development of

clearly targeted, innovative colour products, giving the consumer professional hair tools and products for use at home.

The deal does not include any other parts of the Daniel Galvin business.

For more information:

Wella Great Britain Tel: 01256 320202.





GARGUT THE LENG-THOF AGGUA

Your typical Cold and Flu remedies provide short-term symptom relief but do nothing to shorten your customers softening from with new Benylin Active Response, you can recommend that your customers manage their colds in a completely different way.

Whilst Benylin Active Response is not the first product to contain Echinacea, ours is most definitely not just "any Echinacea." Only Benylin Active Response features a specific part of the Echinacea purpurea plant and a particular process that results in a pressed juice that has been demonstrated in a double-blind, placebo-controlled clinical trial to reduce the average duration of colds from 8 to 4 days. Recommend new Benylin Active Pesponse to get them back on their feet



Contains Echinacea Purpurez

Scriptines

Methadone iniections

Auden Mckenzie will launch Synastone (methadone) 10mg per ml injection on November 16. The product, a Schedule 2 drug



under the 1971 Misuse of Drugs Act, is licensed for the treatment of opioid addiction as a narcotic abstinence syndrome suppressant and for moderate to severe pain as an alternative to morphine.

For more information:

Price: per carton, 1ml £8.58, 2ml £14.78, 3.5ml £17.03, 5ml £18.37 Pack size: cartons of 10 ampoules Pip code: 1ml 283-5320, 2ml 283-5510, 3.5ml 283-5528, 5ml 283-5536 Auden Mckenzie Ltd (Pharma Division) Tel: 0208 900 9803.

Tegretol Liquid less viscous

Due to a change in one of the excipients in Tegretol (carbamazepine) Liquid, it now appears less viscous. The efficacy is unaffected, but the product should be shaken thoroughly before use. For medical information call Cephalon UK, on 0800 783 4869. For more information:

Novartis Pharmaceuticals Tel: 01276 698370.

Frontshop

Veno's adds to its family appeal

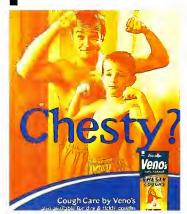
GlaxoSmithKline is supporting its Veno's range of cough remedies with a £400,000 press advertising

Each commercial features one of the three Veno's variants - Tickly. Chesty and Dry - and communicates the brand's family appeal.

The campaign will run in women's magazines throughout November and December.

For more information:

GlaxoSmithKline Consumer Healthcare Tel: 020 8560 5151.



Andrews for Christmas

A seasonal advertising campaign for Andrews Salts is running through November and December.

The £400,000 national press campaign is appearing in

BITTEN OFF

weekend papers including The Sun, Sunday Mirror and News of the World.

For more information:

GlaxoSmithKline Consumer Healthcare Tel: 020 8560 5151.

Baby bonanza

Gold winners at the Mother & Baby magazine awards held at London's Park Lane Hotel last week included:

- Best Baby Wipes Johnson's Baby Skincare Wipes.
- Best Skincare Johnson's Baby Bedtime Bath.
- Best Disposable Nappy Huggies Adventurers.
- Best Food & Drink Hipp Organic Baby Food.
- Favourite Travel Item Avent Magic Cup.
- Most Innovative Feeding Product - Tommee Tippee Weaning and Storage Set.
- Essential Pharmaceutical Product of the Year - Sudocrem.
- Most Innovative Product Pampers Premiums New Baby.
- Child-Friendly Pharmacy of the Year - Fourways Pharmacy (see page 6 for details).

TVnextwe

Beechams: U

Blistex: GMTV

Bodyform: STV, C, A, HTV, M, CAR, C4, C5, GMTV

Calpol Fast Melts: All areas except U Clearblue Pregnancy Test: G, A, W

Panadol: U

Panadol ActiFast: All areas

Pepcidtwo: U, STV, C, A, HTV, M, C4, Sat

Solpadeine: U

St Ivel Facial Skincare: All areas except CV, GMTV

Zovirax: U

PharmaSite for next week: Zovirax & Robitussin - Window, Nytol -

In-store, Golden Eye – Dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, C5-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire



SERIOUS SUPPORT

for maximum sales

- National Press
- Women's Press
- London Underground
- World Wide Web
- Point of Sale

* Source AC Nielsen Retail Audit August 2001

JH'S HO. THOMESON Original last efective form



ready-to-drink cans in a variety of flavours that taste great.

And to show NutriPlus means business, it's backed by a £2 million campaign to drive customers through your doors.

NUTRICIA life formulated for your health

Nutricia Clinical Care, White Horse Business Park, Trowbridge, Wiltshire, BA14 OXQ. Telephone 08457 623686. www.nutriplus.co.uk

Sign of the times for talc and aftershave generation

As part of a series of product category reviews, Information Resources analyses the male toiletries market in pharmacies. Each month a different pharmacy expert comments on how the product category is performing

The UK male toiletries market has remained fairly stable in the past year in terms of value and volume, with sales of £317.8 million.

However, sales through pharmacies have declined over the same period by 10 per cent to £22.1m.

Any growth is being driven by smaller sectors such as facial products and shampoos and this trend is likely to continue as men are willing to spend more time and money on their appearance. There has been a move away from unisex brands and traditional male toiletries such as talc and aftershave. Meanwhile, sales have increased for sports variants such as Right Guard Xtreme Sport and Physio Sport.

The male facial products sector has risen by over 56 per cent to £6.5m overall and has increased by 38 per cent in pharmacies year on year. The sector is dominated by the number one brand, Nivea for Men, launched three years ago.

In April, Accantia launched its Simple Skin Defence for Men range, now ranked second in pharmacies.

The total hair treatments category is up 2.7 per cent to £11.4m and up 4.4 per cent in pharmacies to £2.9m. Just for Men leads the sector, although its sales value declined in the past year by 2.7 per cent and it is facing increased competition from Silvikrin, Grecian 2000 and Vitalis.

Men's shampoo sales are up nearly 70 per cent overall, with sales in the past year of £4.6m. The number one brand is still L'Oréal's Elvive for Men but it saw sales decline by 2.7 per cent and is up against a new competitor from Procter & Gamble called Circ. said to add thickness to men's hair.

The male razors and blades category is also fairly stable, with sales overall of £185.3m and sales up 3.5 per cent through pharmacies to £18m.

Disposable razors are in decline due to the success of system razors such as Gillette's Mach 3. It remains the top razor and although pharmacy sales of the handles are down by 10 per cent, replacement blades are up by 32 per cent.

By moving away from traditional lines such as aftershave and talc, pharmacies will be able to compete with supermarkets and may even halt the sales decline in this category.

Male hair treatments

- 1. Just for Men
- 2. Silvikrin
- 3. Grecian 2000
- 4. Vitalis
- 5. Restoria

Male hairstyling

- 1. Brylcreem Protein Enriched
- 2. Brylcreem Styling Gel
- 3. Brylcreem Red
- 4. Brylcreem Styling Modelling Gel
- 5. Falcon

Aftershaves and colognes

- 1. Old Spice
- 2. Adidas
- 3. Brut
- 4. Lynx
- 5. Jovan Musk **Aftershave**

Conditioning/Moisturising

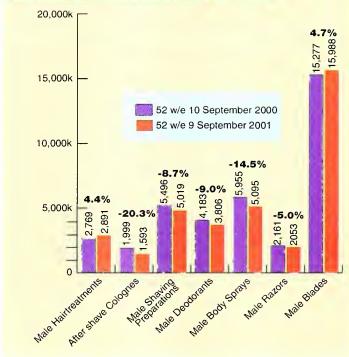
- 1. Nivea for Men 2. Gillette Series
- 3. Diesel
- 4. Insignia
- 5. Slazenger

Male Facial Products

- 1. Nivea for Men
- 2. Simple Skin Defence For Men
- 3. Vichy
- 4. T Zone
- 5. King Of Shaves Active Facial Wash



Top male toiletries categories



Peter Troughton, business development manager, **National Co-operative** Chemists

steady in our pharmacies and not showing such a sharp decline as some toiletry sectors, such as haircare and bath products.

Gillette and Wilkinson Sword have made a quantum leap forward with their newest shaving products. Systems razors have continued to drive market growth, led by Mach 3 which has benefited from Gillette's heavy advertising support.

The value of the men's groorning market has slightly increased in our pharmacies as a result of the higher price points of products like Mach 3.

Sales of traditional shaving creams are declining and are being replaced by shaving gels and foams.

It is important to give prominence to heavily advertised lines that sell well. However, we have to pay attention to them because they are high value items that are easily pilfered.

To maximise profitability, we have to merchandise blades close to tills so that staff can keep an eye on stock. There is a balance between making them reasonably accessible and taking care not to get them stolen.

Men's skincare hasn't really

taken off in our pharmacies - we have only seen very small growth in this sector. I'm not sure that men are ready for facial moisturisers, although they are ready for shaving preparations with built-in skincare benefits.

Eighty per cent of our customers are women and they purchase a high proportion of men's grooming aids.

Gillette and Lynx gift products sell well for Christmas but not until late in the season.

I believe the outlook for men's grooming in pharmacy will be a slow, continued decline, with more sales moving over to grocers. At present, I can't see anything happening to turn that around. 55

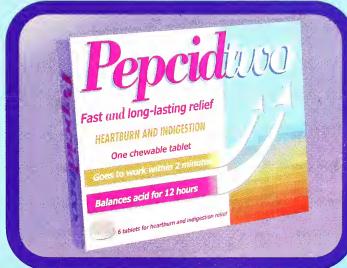


Peter Troughton: growth is small in the grooming sector



WONDERING WHAT'S ON TELLY TONIGHT?







Pepciativo, the new heartburn and indige from treatment from Johnson and Johnson MSD is going to be supported by a conserve V advertising campaign during the forthcoming cause of each of each experience. The resulting increased awareness of Penciativo's product fast acting and long lasting formula combined at the concenence of a single tablet means that your customers will be required across some solutions of the concenence of a single tablet means that your customers will be required across solutions are pour customers can easily find it on your shelves, and get ready to cash in on those expensions.

Only Pepcialus works in two minutes and lasts for twelve hours.

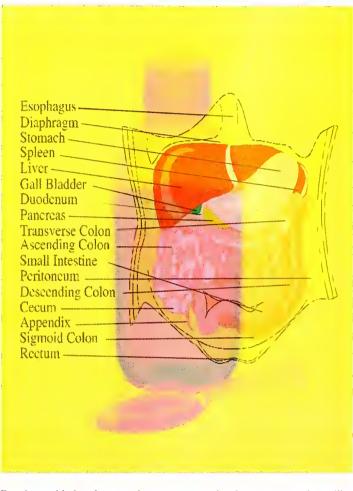
ESSENTIAL INFORMATION Product Name PETCOTIVO, diseased travel Presentation Rose coloured, mond, flat chewable tablet containing fragrenism syngrounder in Singularing and calcium antimation of the Street St

elderly. As Popoldwire currains sticrose and factose, patients with fructive intolerance, glucovergalactose, maleboorption syndrome, sucrase controllars elegency factors in a factor of the production of the production of the patients of t

Johnson Johnson

Good advice nee

Constipation is increasing, mainly due to stressed lifestyles and dietary factors. A pharmacy is often the first place sufferers turn to. Good product positioning and professional advice will help them select the right remedy, as Adrienne de Mont reports



Senokot's new packaging: the company recognises that there is a large untapped market for laxatives People need help when treating lower digestive disorders – which puts pharmacies in a strong position.

Ian Bray, marketing director, AAH Pharmaceuticals, says: "Whereas most people can diagnose a cough, cold or headache, the key to success in the lower digestive category lies in increasing customers' ability to recognise the symptoms that will accurately identify the precise nature of their condition, obtain the correct treatment and therefore increase sales.

"Another challenge facing pharmacists is the changing profile of the market," he says.

"Traditionally this was limited to pregnant women and the over 40s. But the rise in executive stress, combined with poor diet and irregular dining times, has fuelled an expansion in digestive disorders across a much wider cross section of the population."

AAH says the lower digestive category is now worth £200.8 million, with about £147m being generated through pharmacies. Pharmacists can translate the recent large market growth into sales by focusing on the particular needs of customers.

In laxatives, consumers have a clear desire to self-diagnose, so pharmacists should not be afraid to capitalise on this by placing GSL products in a prominent position at front of shop.

Although GSL laxatives have

Top 10 brands

(through pharmacies, including Boots)
Senokot
Fybogel
Dulco-lax
Ex-Lax
Califig
Duphalae
Nylax
Milpar
Ortis
APS (APS Ltd)
Source: Information Resources at

September 9, 2001.

experienced an average growth rate in sales of 10 per cent increase in sales during 1998–2000, only 35 per cent of constipation sufferers use medicines to treat it. Because some consumers are concerned about laxative misuse, dependency, or harsh chemicals, they may be looking for reassurance on which products are the safest or most natural.

Embarrassment, too, is a factor. A recent survey for Dulco-lax revealed that nearly four out of 10 women found constipation more embarrassing than thrush or head lice. In another study, 74 per cent of consumers said they would like to see constipation remedics merchandised in front of the counter (Research International, March 1999).

Reckitt Benckiscr says that, once shoppers have located the constipation remedies, they will select by considering, in order of importance:

- symptoms whether the product treats occasional or frequent constipation. Stimulant laxatives are generally recommended for the short-term treatment of occasional constipation, whereas bulking agents are more suitable for the longer term treatment of frequent constipation
- brand and recommendation shoppers feel more comfortable with trusted, branded products
- format individual preferences for tablets, liquid or granules come into play, so it is important to stock a choice of brands.

Price

Research has shown that, at any given time, one in five of the UK



led for laxative

Support

Reckitt Benckiser's recent initiatives include consumer education leaflets, training programmes for pharmacists and pharmacy assistants, and new point of sale materials.

The Pharmacy Constipation Knowledge Pack aims to become the "bowel bible" in pharmacy, with its guidance on treatment and how to deal with embarrassed customers.

Additional copies are available from the company's medical information unit on 0500 455456. Over £3 million has been spent advertising Senokot on television since spring 2000 claimed to be five times more than the nearest competitor. New packaging introduced in September highlights the predictable and "natural" action. Boehringer Ingelheim's support package includes a back wall unit, which can be used to display six packs of P-licensed

Dulco-lax Perles or just as a leaflet dispenser. Consumer leaflets and leaflet boxes are available to place on the GSL laxatives fixture, giving advice on avoiding and overcoming constipation. The company also sponsors an education programme for pharmacy assistants.

population is experiencing bowel discomfort. Manufacturers are targeting a newly-identified group of consumers who suffer occasional constipation but do not

Reckitt Benckiser refers to the

"diet modifier opportunity" – sufferers who treat constipation by increasing their fibre and fluid intake, but who turn to a natural, overnight remedy when dietary measures prove unpredictable and slow to work. The remedy must be faster than the diet, but not immediate, making them feel they still have control over their bodies.

Boehringer Ingelheim launched Dulco-lax Perles earlier this year to target 25-45 year-old sufferers who are either non-treaters or light to medium users of constipation remedies.

Product manager Kate Dixon says: "In a recent survey, 97 per cent of respondents said they suffered occasional or frequent irregularity, vet two out of three said they would not seek advice from a pharmacist or GP."

Packaging easy to swallow micro-capsules in miniature bottles helps minimise the stigma associated with traditional laxative formats, she believes. With seven out of 10 sufferers not treating their constipation medically, the market still has a large potential.

No price-cutting

Unlike other OTC categories, there is no evidence of price cutting in constipation remedies, savs Senokot brand manager Lvall Gibb. The company's consumer research shows that price is not a barrier to use, so reducing the price is unlikely to encourage the 65 per cent who don't usc laxatives to do so.

Value sales in the constipation category grew over 11 per cent last year, to just over £,37m.

Perles sodium picosulphote 2.5mg Relief from Constipation

Dulco-lax Perles: easy to swallow and discreetly packaged

"This growth rate is all the more impressive given that only 35 per cent of people currently treat constipation with a laxative," says Mr Gibb.

"Therefore there is a large untapped market which offers a bigger opportunity for pharmacy to exploit than simply stealing share of trade among current users.'

The pharmacy market grew 8 per cent to be worth nearly £32m. (Source: Information Resources),

Fast lives bring on the 'burn'



The average indigestion sufferer is likely to be middle aged and C1, C2, D. But lifestyle changes higher stress levels, fast food, grazing and snacking - are leading to increased usage, including among vounger consumers.

A survey for Pepcidtwo found that 29 per cent of all adults suffer from heartburn and indigestion, while a survey sponsored by Zantac found the proportion was as high as 49 per cent.

In the former, the most common causes were eating unhealthy or spicy foods, or simply eating too quickly. Two in every five sufferers experienced symptoms weekly, and 69 per cent had symptoms at least once a month. Further research shows that sufferers, when considering an ideal remedy, are looking for fast, long-lasting relief that's convenient to take.

"Stomach and indigestion" is the largest sector of the gastrointestinal remedies market, accounting for 62.8 per cent of the total, with sales worth £118.3 million. Growth is 4.7 per cent, says GlaxoSmithKline.

Although the major multiple share of trade is growing, pharmacy (including Boots) still has over 60 per cent share, and P- licensed products represent 40 per cent of the total.

There is a continuing trend towards self-medication, and a preference for self-selection especially among frequent users. But pharmacist advice is important, particularly when symptoms first present, says GlaxoSmithKline.

"Pharmacists are uniquely placed to help identify any underlying problems and to assist with lifestyle advice."

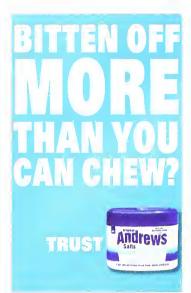
The stomach and indigestion category is a cash generator, as most products have high sales and are bought frequently by the target market. One-fifth of sufferers are frequent or heavy users and account for 80 per cent of the sales value. Indigestion treatment is a highly planned purchase and a brand loyal market; there is low brand switching at point of purchase.

Since the abolition of resale price maintenance, the growth in the total market value has declined slightly because of price-cutting, but the market value has increased in pharmacy because these outlets are maintaining prices. There has been no growth in overel' true

Continued on page 38



GI disorders



GlaxoSmithKline is backing Andrews Salts with a national press campaign during November and December Continued from page 37

consumption, so people are not buying more because it's cheaper, says GSK's Greg Bertolotti. Grocery outlets are more likely to be cutting prices than pharmacies. The net result is a trend towards increased sales through grocers during the period June to September.

Merchandising

GlaxoSmithKlinc offers some suggestions on merchandising. For example, the stomach and indigestion category is worth nearly 6 per cent of the value of P medicines, so should occupy 6 per cent of back wall space.

The category is worth just over 6 per cent of the value of GSL medicines, including vitamins, so it should also occupy about 6 per cent of the healthcare fixture.

"There has been no growth in overall unit consumption, so people are not buying more because it's cheaper"

Indigestion remedies are a category cash generator and should feature prominently on the healthcare fixture.

Merchandise by brand, as shoppers search first for this, then by format. Put the brand leaders at eye level to help consumers find the category. Make sure all formats are represented.

Support

Johnson & Johnson MSD Consumer Pharmaceuticals is spending £2.3m on a national television and radio campaign, starting this month, and supporting Pepcidtwo over Christmas and the New Year.

Merchandising support includes display units and window display materials. A CD-ROM and product literature are available for staff training.

GlaxoSmithKlinc has launched point of sale material for Zantac 75 and Zantac 75 Relief to help pharmacists interact with customers. There will be extensive advertising in the national press, including *The Radio Times*, from the end of November to mid January.

Indigestion remedies sales from all outlets were worth £,96m at

Top brands

(pharmacies including Boots)

- l. Gaviscon
- 2. Rennie
- 3. Zantac 75
- 4. Own label
- 5. Bisodol
- 6. Milk of Magnesia
- 7. Setlers Windeze
- 8. Remegel
- 9. Tums
- 10. Setlers
- 11. Asilone

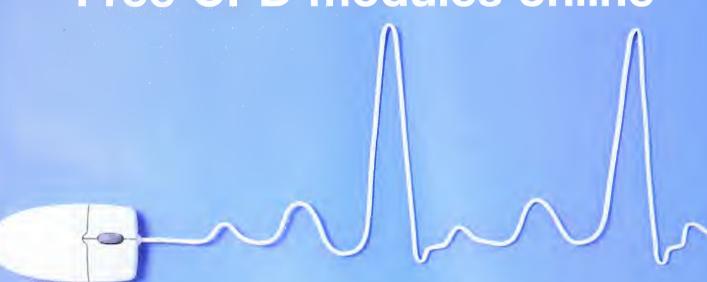
September 9 (up 4.4 per cent since September 2000. The sector is worth £61.6m (+ 2.3 per cent) in pharmacies including Boots. Source: Information Resources

New website

A new website from Johnson & Johnson. MSD Consumer Pharmaceuticals gives customers information on how the digestive system works and digestive complaints. There are lifestyle articles and free guides such as Stomach Fit For Life. mmm.digestivecare.co.uk

Continued on page 40

Free CPD modules online



This month: Cardiology

Other available modules Paediatric Pharmacy and Endocrine Disorders

In a type as 1 hour you can read up on this month's subject then complete the online multichoice questionnaire for an instant grading. It's simple. It's convenient, It's free.





Neurozan - Food For Thought!

If you are looking for a little something to 'get your head round', then read on...

eurozan is an exciting new supplement to add to the brand leading product range from Vitabiotics, incorporating phosphatidyl serine with other essential nutrients for brain function. Phosphatidyl serine is limited in the human dict, so an ideal way to significantly increase its levels in the body is through supplementation.

Although this type of 'smart' product has been very successful in the USA, Neurozan is the first major product in the UK developed specifically to help brain function and emotional wellbeing.

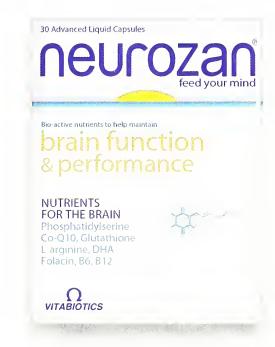
The human brain has been called the most complex machine ever known, and so it is only common sense to look after it with a specifically formulated supplement.

Promotional Support and Launch Plans

- £300,000 support budget for 2002
- 4,000 London Transport Underground poster sites
- Heavyweight national press advertising campaign
- Full PR support
- £8.95 for pack of 30 advanced liquid capsules

Neurozan has been developed with the following benefits:

- Formulated to help maintain major aspects of cognitive health – including brain function and emotional well-being
- A unique combination of elements including: phosphatidyl serine, cocnzyme Q10 and highly concentrated (50%) omega-3 oil DHA
- Nutritional support from a careful balance of vitamins and



minerals to help maintain brain function and emotional balance.

- Produced to the highest standards of pharmaceutical quality control
- Drug-free and can be taken alongside other treatments
- No known side effects.

Who May Benefit?

The 21st Century is no less stressful or challenging than the last one, but hopefully all the developments and innovations in nutrition are here to help.

The beauty of Neurozan is that it may benefit everyone, but the people who could benefit most are:

- People under a lot of pressure or work stress
- Students and others studying for exams, whose hectic schedules may prevent them from having a healthy diet
- Anyone undergoing a period of emotional stress or upheaval
- Older people at risk of declining mental function

A Smart Formula!

To understand how Neurozan may help improve brain function and emotional well being, we need to understand the complex ingredients, which go to make up this unique formulation:

Phosphatidyl serine is concentrated in the brain, helping to support the brain functions that tend to decline with age. It is limited in the human diet and is only made in the body via a complex series of reactions, requiring a substantial investment of energy. However, supplemental phosphatidyl serine is rapidly absorbed and readily crosses the blood/brain barrier.

• Arginine is a precursor for nitric oxide, acts as a messenger across nerve cell synapses, which is necessary for memory retrieval and learning. It also helps maintain blood flow to the brain tissues.

Coenzyme Q10 is a cofactor in electron transport and a highly sought after nutrient for brain function.

Glutathione and carotenoids both defend against oxidative damage in the brain and help maintain cognitive function.

Omega-3 oil DHA is very important to the central nervous system, and particularly important for neuronal function during stress. Neurozan contains an exceptionally pure and concentrated source of 50% DHA.

Choline (present as phosphatidyl choline) and folic acid are essential for the structure and signalling functions of all cell membranes, and are precursors for the vital neurotransmitter acetylcholine.

Glutamine is important for maintaining emotional balance and mental awareness.

'Brain vitamins' - vitamins B1 (thiamin), B2 (riboflavin), B6 and B12 - are essential to create new blood cells to nourish brain tissues. Vitamins C, D and E are also included for a complete nutritional formula.

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Other minerals included are zinc, iron, manganese, chromium and copper.

For further details on Neurozan and any other Vitabiotics products, call Robinson Healthcare Ltd on (01246) 220022.



lo need to suffer

Diarrhoea sufferers are becoming more likely to treat their symptoms. There has been a marked shift in recent years from those seeking no treatment to 67 per cent now using an antidiarrhoeal product

Diarrhoea remedies (including rehydration solutions) grew 3 per cent in value to £33 million in the year to September. The lion's share of the market still goes through pharmacies, which



Imodium's sales are growing

accounted for 84 per cent of total sales value. But Johnson & Johnson.MSD warns that the 1 per cent loss of share to other retail outlets, in the wake of pricecutting and competition from supermarket brands, suggests there is no room for complacency.

The company says Imodium brands and own-label loperamide in multiple pharmacies and supermarkets are growing at the expense of traditional remedies such as kaolin and morphine.

Heavyweight advertising boosted Imodium GSL by 28 per cent and Imodium Plus by 24 per cent in pharmacies in the year to September. These increases helped offset an 18 per cent decline in traditional diarrhoea remedies and a disappointing performance from generic loperamide, which fell over 50 per cent in value.

Product manager Jacqui Croke believes this growth in pharmaey sales of a GSL product was a clear signal that GSL status does not automatically favour grocery

outlets. The strong performance shows that, despite the collapse of RPM, the pharmacy is still a popular environment for health and medical purchases and stands to benefit from open display of GSL products.

Trading up to the P-licensed Imodium Plus, again helped by heavy promotion, went a long way to make up for some loss of antidiarrhoeal revenue to the grocery sector, she says.

"Advertising this year clearly positioned the product for everyday use. Consumers found this message reassuring, which in turn led to a greater willingness to treat diarrhoea at the first sign of symptoms."

While this "everyday effective" positioning for the range has boosted year-round sales, the market still responds to seasonal triggers such as summer holidays and Christmas. There is a marked increase in sales over the festive season, both for treating the effects of over-indulgence and for taking away on long haul holidays.

Top 10 brands

(pharmacies including Boots) Imodium Diarolyte

Imodium Plus Diocalm Ultra

Diocalm/Diocalm Dual Action J Collis Browne's suspension

Dioralyte Relief Care suspension (Thornton & Ross)

I Collis Browne's tablet

Value though pharmacies (including Boots) £28.27m at September 9 (-1 per cent since September 2000)

Source: Information Resources

Pharmacies could benefit from cross sales stimulated by promotional displays grouping over-indulgence and/or winter holiday products, says Johnson & Johnson. MSD. Following the success of a £2.5m campaign this year, the company is still planning next year's promotion.





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Unfamiliar syndrome

Only 17 per cent of irritable bowel syndrome sufferers self-medicate, despite the number of products available. And, in many cases, people do not realise they have the condition.

Pharmacists should help to raise awareness by using clearly visible point of sale material and having advice readily available, says Ian Bray, AAH Pharmaceuticals' marketing director. Sensitive merchandising of these products is also beneficial.

Products should be displayed prominently so that customers can find what they need without embarrassment. Allowing customers to handle goods freely also aids sales, he says.

Chris Chrysanthou, brand manager for Colpermin, says: "With 9 million people suffering from IBS in the UK and only 10-25 per cent seeking medication, it is vital we join forces with pharmacists to raise customer awareness of the condition."

Penny Nunn, development director of the IBS Network, agrees: "Symptoms of IBS can eause much distress and embarrassment. Promoting education on effective therapeutic options is an important step in raising the profile of IBS and helping to reduce the social stigma.

Continued support and good advice is essential in helping

Top brands

(pharmacies including Boots)
Colpermin
Colofae
Relaxyl
Colofac 100
Mintec
Equilon Herbal
Equilon
Care (Thornton & Ross)
Total market at September 9 £3.96m (+ 0.4
per cent since September 2000)
Pharmacies including Boots £3.13m (- 4.1
since 2000

people to take control of their symptoms."

Source: Information Resources

A pharmacy education and instore support programme includes a Pharmacy Aide Memoire, an IBS Category Document giving practical advice on promoting awareness, an IBS Training Document containing a certified IBS module, and a PowerPoint-based training programme suitable for giving group presentations to the pharmacy team.

A CD-Rom and online workbook for managing IBS in primary care is designed to generate increased Colpermin prescribing and pharmacy sales.

The materials are available from the Pharmacia sales force or by calling the Freephone number on 0500 390114.



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One of the last taboos

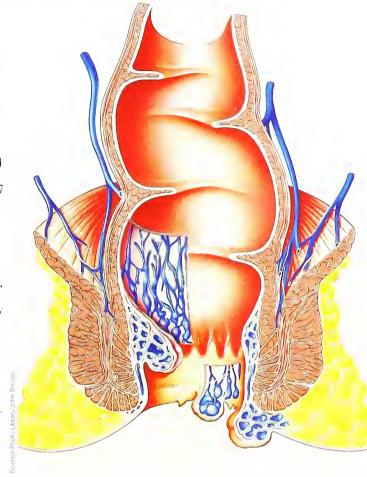
One in three adults in the UK suffers from piles at some time in their lives. But, despite the haemorrhoid treatment sector being among the fastest growing in pharmacy, piles are one of the last remaining health taboos.

Over two-thirds of all piles treatments are sold from the selfselection counter, according to Anusol's Pile Advisory Bureau.

But in a recent survey of pharmacists, nearly one-third said they displayed piles treatments behind the counter and a further 7 per cent said these products were not visible anywhere in store.

The brand's marketing focus is to help overcome the stigma associated with the condition and encourage sufferers to seek treatment. "Increasing dual siting, and clear and prominent display for the eategory is an effective way of helping customers overcome their embarrassment," says the Bureau.

A survey conducted last June found that a third of people don't like talking about their toilet habits because they are too embarrassed and over a quarter of people think that toilet habits are a private issue. The result prompted an Anusol campaign to raise awareness of taboo health conditions and educate both health professionals and



A section through a human anus with internal and external haemorrhoids (lower centre, blue). At the top is the cavity of the rectum

consumers on the symptoms and causes of piles and other common rectal complaints.

In 2002 the sales force will distribute 3,000 merchandising packs to support pharmacists in dealing with customer queries. The packs will contain an NPA endorsed protocol card, Piles - the essential guide to best practice, which has a detachable WWHAM protocol chart. Pharmacists will be able to enter a competition to win an electronic organiser.

A shelf unit which expands or contracts according to the space allocated to the product on shelf contains credit card sized leaflets offering easy and discreet access to information on piles. The Piles Advisory Bureau (PO Box 2659, London W1A 3RY) offers confidential advice and has free literature to educate both pharmacists and consumers.

The Bottom Report, fronted by colorectal surgeon Dr Roger Leicester, covers bowel health issues and a new leaflet, The bottom line - a guide to piles is available for pharmacists to display on the counter. A website with information for health professionals is on mmm. pilesadvice.co.uk.

The haemorrhoid category is growing by 13.5 per cent a year and is worth £10.5m in pharmacy.

Herbal solutions to digestive dilemmas

All pharmacists asked in a new Potter's survey thought herbal medicines were the fastest growing sector in pharmacies and have noticed a dramatic increase in demand over the past

Following the abolition of resale price maintenance, the company feels well placed to offer pharmacists advice in developing comprehensive and profitable herbal medicines sections to grow their business.

Group sales manager George Woodward says that because of the pragmatic approach adopted by pharmacists, the demise of RPM has not had the negative

impact that was predicted.

When merchandising, it is often more effective to isolate and make a special feature of the herbal medicines category, and to have clear point of sale material for customers to read and take away.

Potter's is planning an extensive seasonal campaign for next year. Information on herbal medicines is available on the following websites: mmm.pottersherbals.co.uk, mmm.pottersdirect.com (more detailed information for retailers) and mmm.herbalmedicines, org (an educational or resource site).



Potters is wellplaced to advise pharmacists on exploiting the fast-growing market for herbal remedies, says George Woodward, the company's group sales manager



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The course commences in January each year, is based on 'distance learning' and runs for 18 months. Participants are required to study six modules with an expected study time per week of nine hours. In addition, three residential weekends are held in the Brighton area

The MSc component of the course requires completion of a research methods module and a work-based dissertation.



For further information please contact: Dr Roy Daisley, Course Leader, School of Pharmacy and Biomolecular Sciences, University of Brighton, Brighton BN2 4GJ.

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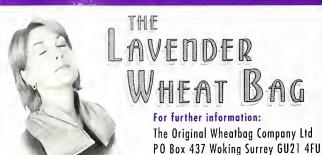
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A Christmas bonus for all, general advertising bookings taken between now and December 1st. **Telephone: 01273 377493**

Anne Galbraith has been appointed chair of the Prescription Pricing Authority, as a successor to Professor David Johns. Mrs Galhraith, a lawyer, was chairman of the Royal Victoria Hospitals NHS Trust, Newcastle from 1990 to 1997 and a member of the Northern Regional Health Authority from 1988 to 1991.



It was back to basics for Gehe UK's chief executive Mike Ward when he spent a day at the Lloydspharmacy store in Cobham, Surrey. The day out of the office was part of Lloyds' "back to the floor programme", which sees company directors taking time out from their normal duties to spend four days a year in a branch

Tremletts' century of service



Times have changed, or have they? Ways of merchandising may be different to when this picture was taken, but the high street nharmacist is still a trusted member of the community

Tremletts Pharmacy, which has 11 stores in the Portsmouth area, is celebrating its centenary this year.

The company has remained in the same family, passed down from father to son, since Mr Percy G Tremlett opened his first pharmacy in Fratton Road in 1901.

To celebrate, the company has produced two booklets: one detailing the company history and another, Sixty Two Years a Fratton Pharmacist, full of anecdotes and stories.

The late Richard Tremlett, Percy's son, explains how his father used to pull teeth and supply spectacles as well as dispense medicines.

Treatments recommended at the time included placing a warm spring onion in the ear for earache. For warts a spider's weh was made into a small hall, placed on the wart and then set on fire.

Fortunately, they are keen to say that times have moved on: there's now not a spider, leech, earthworm or spring onion in sight!

What an amazing 'feet'

Steve and Nancy hand over the £1,200 to Janet Croker (centre) from the Hospice



Pharmacist Steve Jones and his wife Nancy, who own the Westminster Pharmacy, Station Road, Ellesmere Port, have raised £1,200 for their local hospice.

Together they completed the Great North Run, a gruelling 13 miles, in two hours and 15 minutes. Steve used to run marathons but hasn't done any recently and the couple have never run together before.

"She made me do it," said Steve. Nancy decided it would be a good idea after hearing that the Claire House Children's Hospice, on the Wirral, had been refused lottery funding.

About £700 of the sponsorship money came from customers and there were also donations from Colorama, Doncaster Pharmaceuticals and Sterwin Medicines.



From the left: Lennie Bennett, entertainer, Dave Wicks, SSL International, Andy McDonald and Gary Lunt, sales director, AAH Pharmaceuticals

Third time lucky!

Andy McDonald has been named AAH Pharmaceuticals' Golfer of the Year following the grand final of the annual competition held at the Belfry golf course in Warwickshire.

Andy owns the Rosewell Pharmacy in Burntisland, Fife and

was one of 20 finalists. He has been playing golf for 20 years and has a handicap of 10. Commenting on his win Andy said : "I've taken part in the Vantage Golfer of the Year competition for the last three years. It's great to have finally won!'

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